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**SPENBOROUGH URBAN DISTRICT
COUNCIL**



**ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH**

For the Year

1952

WILLIAM MASON DOUGLAS, M.B. Ch.B., D.P.H.
Medical Officer of Health.

SPENBOROUGH URBAN DISTRICT
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Urban District of Spenborough

Constitution 1952-1953

Chairman : Councillor T. W. SHAW.

Vice-Chairman : Councillor H. SIDDLE.

Councillor Miss A. BLACKBURN	Councillor G. BLACKBURN, J.P.
„ W. H. COOPER	„ S. R. ELLIS
„ P. FAWCETT	„ J. GREENALD
„ Mrs. E. L. HARTLEY	„ A. JONES
„ J. G. KENT	„ F. KIRKHAM
„ R. LEA	„ D. NAYLOR
„ D. PAGE	„ J. PEARSON
„ H. ROBINSON	„ A. W. SMITH
„ J. SMITH	„ W. STILLINGFLEET
„ A. R. STOCKHILL	„ R. STOCKS
„ P. SUGDEN	„ G. H. SYKES
„ H. de LACY TAYLOR	„ W. E. TETLEY, J.P.
„ A. S. THORNTON	„ H. E. WILCOCK
„ F. J. WILSON	„ H. WRAY

HEALTH COMMITTEE, 1952-53.

Chairman : Councillor D. PAGE.

Vice-Chairman : Councillor H. SIDDLE.

The Chairman of the Council : Councillor T. W. SHAW.

Councillor Miss A. BLACKBURN	Councillor R. LEA
„ D. NAYLOR	„ A. W. SMITH
„ J. SMITH	„ W. STILLINGFLEET
„ R. STOCKS	„ G. H. SYKES
„ H. E. WILCOCK	

September 1953.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE,
SPENBOROUGH URBAN DISTRICT COUNCIL.

Mr. Chairman, Gentlemen,

I beg to submit to you my Annual Report relating to the Urban District of Spenborough for the year 1952. It contains an account of the activities of your Public Health Department, together with details of the Health Services available in Spenborough which the West Riding County Council provides by virtue of their powers and duties as the Local Health Authority under the National Health Service Act of 1946. As you are of course aware, all these services come under my direct administration and this facilitates integration of effort and unity of purpose.

You will find in the report little that is new and there has been no dramatic development either in the services provided or in the health of the people during the past year. The practice of Public Health seldom offers such opportunities or presents such results. There is no short cut to communal health. On the other hand you will find evidence of the diligence with which familiar tasks and mostly familiar problems have been pursued. The fact that they are familiar does not necessarily mean that they are easy of accomplishment or solution, or that constant vigilance to seek where improvement can be effected may be neglected. It is in the long run that we may hope for solid and lasting achievement.

During the year 1952 there were 551 births and 524 deaths resulting in a natural increase of 27 in the population. The birth rate which had been steadily declining since 1947 has shown a definite upward trend this year although at 14.8 per thousand of population is again lower than that for the country taken as a whole (15.3), and for the Administrative County (15.7). It is noted, however, that if the age and sex constitution of Spenborough's population were the same as the average throughout the country we should expect to have had a birth rate of 15.2 for this year under review. The number of home confinements again declined and 77% of all the births took place in hospital or maternity homes. This is very much more than there is social or medical need for, and the cost is a heavy one. There are better and more urgent needs to which the resources of the Hospital Board could be put, than to make hospital provision for normal maternity cases on this lavish scale.

With thirteen fewer deaths than last year the crude death rate of 14.2 per thousand of population, although slightly below that for last year, is still well above the national average (11.3) and the West Riding Administrative County average (12.0). Here again the application of the comparability factor indicates a slightly more favourable state of affairs and results in a standardised mortality rate of 13.6.

Increase in mortality is evident in the two age groups 65 to 74 years and 75 years and over, and deaths ascribed to coronary disease (83) and cancer (94) were both more frequent than last year's figures which were coronary disease (57) and cancer (72). In the age group 65 to 74 years there were 19 more deaths from cancer and 15 more deaths from coronary disease than last year, and in the age group 75 years and over there was no increase in cancer deaths but 10 more ascribed to coronary disease. It is also noted that there was an increase in male deaths and a decrease in female mortality. Medical science has not yet moved far enough along the paths of knowledge to ascribe with certainty a cause to the total increase in mortality from these two diseases or to their apparent predilection for the male. Cigarette smoking and atmospheric pollution from smoke have both come under scrutiny in recent years in relation to lung cancer and are not, alas, discounted as yet. On the other hand bronchitis and pneumonia together, which this year caused forty-one deaths were responsible for sixty-three deaths last year which is something on the credit side.

The infant mortality rate of 27.2 per thousand live births is lower than last year (31.8) and indeed is the second lowest rate ever recorded in Spenborough. It is better than the average for the country as a whole (27.6) and for the Administrative County (30.0). Of the fifteen infant deaths nine were due to premature birth or to congenital abnormalities. The low infant mortality rate is all the more gratifying since it is also accompanied by the lowest rate for stillbirths ever recorded in Spenborough. This year nine stillbirths resulted in a rated of 16.1 per thousand total live and still births, and the lowest previously recorded was 18.4 in the year 1944.

The incidence of notifiable infectious disease was low during the year and measles (198) whooping cough (146) and chickenpox (147) again led the field, notifications being fairly evenly distributed over the first three-quarters of the year. There were two cases of poliomyelitis, unrelated to each other, both fortunately non-paralytic and both of which made a rapid and complete recovery.

Although only five cases of food poisoning were notified there was a violent outbreak among school children on one day during July in which some 321 children and staff were affected. The symptoms caused were of varying severity and the duration of illness from a few hours to several days. All the children affected had consumed school dinners supplied from the canteen in the Morley Borough area on the day of illness and the Medical Officer of Health for that area was immediately notified. His investigations revealed the cause of the outbreak to have been a custard dish prepared on the previous day, contaminated almost certainly by some member of the canteen staff and inadequately cooled and stored. This is the first occasion on which there has been widespread illness resulting from school meals in Spenborough, but it does show the need for constant care and perfect equipment especially when catering for very large numbers.

For the fourth year in succession there was no case of diphtheria in Spenborough, but as has been seen in other localities the danger is ever present, and it is only by increasing the proportion of children immunised that we can expect to remain free indefinitely. There is a tendency among parents to await the convenience of primary immunisation at the age of school entry, but this is taking unjustifiable risks and I would like to see a much higher proportion of pre-school children being immunised. Whooping Cough is a very distressing ailment of young children, frequently fatal in infants and sometimes leading to impaired health in later years. It can be eliminated by immunisation, and it is with gratification that I have to record the decision of the County Council to make this material available free of charge both at our clinics and to general practitioners. Immunisation against whooping cough is best carried out in the early months of life. All mothers owe it to their children to see that they are protected against whooping cough as against diphtheria, and I recommend it to them most strongly.

There is, too, much muddled thinking about vaccination against smallpox. Except when recently performed vaccination will not with certainty prevent infection with smallpox, but it may modify the disease and save life. Primary vaccination during the first six months of life is a safe, painless and generally mild procedure. Performed for the first time in later years it is by no means so safe and may cause considerable pain and inconvenience and perhaps severe illness. It is highly probable that in the modern world most persons will require to be vaccinated at some stage in their lives and consequently it is far better to be done in infancy.

Turning now to environmental circumstances which by and large, are the responsibility of the District Council, it is disappointing to note that only 64 new houses were completed by the Council in 1952—the smallest number of any year since 1947. This is particularly disappointing since we had cherished hopes of being encouraged to make some sort of start on demolishing the worst of the slum property in Spenborough. In the event no demolitions were carried out and it was only possible to close seven houses by informal action.

The magnitude of the housing problem in Spenborough is still not completely understood by many, and it may be well to summarise the main points of the problem. There are 12,000 houses in the district : of these 8,000 have a rateable value of £10 and under and the rent is 6/7d. or less per week. Of these, 3,000 have a rateable value of £5 and under and the rental is below 3/7d. per week. And the Local Authority, in regard to any house which is in any respect unfit for human habitation, can only require such works to be carried out as can be carried out at reasonable expense having regard to the value which the house will have when the works are completed. As you will readily understand this places a grave limitation on the repairs and renewals which your officials can enforce at the present time.

In consequence the poorer type of property is deteriorating with great rapidity and reducing the health and living standards of a large proportion of the population. There are estimated to be nearly 1,000 "first line" slum houses in the district and at least as many again expected to become so within the next ten years. That means that we have to aim at a slum clearance programme of at least one hundred houses every year if we are substantially to raise the living standards of our community within the next twenty years. I believe the time has come when the great proportion of our housing efforts should be directed at slum clearance ; it is one of the main ways in which community health, both mental and physical, can be fostered.

Progress was again made in the abolition of privy middens and thirty-seven conversions were effected during the year. This leaves seventy-three privies serving one hundred and forty-eight houses still capable of conversion, and one hundred and fifty-five privies serving two hundred and forty-four houses which cannot at present be dealt with. Applications to the Ministry of Housing and Local Government for permission to extend sewerage facilities in the district, mainly in the Hartshead area, have not as yet received sanction. On the other hand many of the remaining privy middens in the district are concerned with slum property and there is obviously a better way of dealing with this than the consideration of privy conversion.

During the year the supervision of raw milk supplies received close attention and 73 samples of milk were tested for tuberculosis. Ten of these samples were positive and in four cases where the diseased animals could not be immediately detected steps were taken to secure pasteurisation of all milk sold by these farms until the milk could be pronounced free from infection. Early in 1952 the Council made representations to the Ministry of Food requesting the specification of the district in accordance with the provisions of Section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 requiring the use of a special designation for sales of milk by retail. The Ministry have informed the Council that they were unable to state when it would be possible to undertake the necessary survey although the Council were informed that when the Area Milk Officer for the East and West Ridings had completed the survey of an area then being made, he would give his attention to an area which would include the Urban District.

The general standard of hygiene in premises where food is prepared or sold has shown a steady but noticeable improvement, and this has been achieved with the wholehearted co-operation of those engaged in these trades. The food handler himself is the most important factor in the achievement of clean and safe foods and no opportunity is lost to advise or instruct personnel in the basic principles of personal hygiene and its relation to their jobs.

The importance of food inspection is revealed by the large amount of food stuffs condemned by the Inspectors during the year. It is true, however, to say that in the great majority of cases advice was sought by the wholesale agents before the food was offered for sale to the public. More slaughtering took place at the Abattoir than ever before and one Inspector was very fully engaged whole-time on meat inspection ; indeed at times the capacity of the Abattoir and of the staff engaged there to cope with the throughput was severely strained.

With regard to the "personal health services" for which the County Council are responsible you will see that they cover a wide field indeed, and that the public readily avail themselves of the facilities offered. The Home Help service has generally been equal to the demands made upon it and to an increasing extent is concerned with the care of aged or ill persons in their own homes. In fact 60% of the cases dealt with during the year came within this category and I do not think anyone can doubt the value of the service which is given by the home help staff, all of whom are part-time employees, and who have worked conscientiously and well though often in circumstances of some difficulty.

In the School Medical Statistics it is interesting to note that out of 1,352 children medically examined at the routine medical inspections only three were considered to be below average physique. This is highly satisfactory and is indicative of the gradual progress towards better health which has been evident in the children for many years. It is disappointing to note, however, that the incidence of infestation with vermin in the heads of school children shows no tendency to decline in spite of the frequent inspections by school nurses. I well understand parents difficulties in this matter but I do urge them to pay strict attention to this aspect of hygiene.

It is also good to find that it is now a little easier to implement the recommendations which are made in regard to handicapped pupils, and during the year special educational treatment was obtained for twelve children. Of course the greatest difficulty exists in relation to the considerable numbers of educationally retarded children who would benefit from education in a special school. It is only when the home circumstances are particularly bad that residential schooling is required for this class of child and the provision of day special schools of this type in populous areas should receive the closest attention of the Local Education Authorities.

The various clinic services have been greatly helped by the completion during the year of the repairs and adaptations to the Valley Road Clinic which now forms an excellent clinic centre providing for a large range of services. Also during the year it became possible to open a Child Guidance Clinic in Mirfield where all cases

from the Division needing this type of investigation or treatment are dealt with. The clinic is conducted weekly by Dr. Mary MacTaggart, the County Psychologist, and this is of very great help to us in dealing with the many and varied psychological problems which confront us in the School Medical Service particularly. Sometimes parents, even with the best intentions, are responsible for grave psychological effects and are the cause of great difficulties to their children. The trained and experienced observer often sees most of the game and has special techniques for overcoming many of these maladjustments.

One of the most important developments in the School Medical service has been the commencement of lectures given to senior girls at the Secondary Modern School by the School Nurses. These lectures are given at the schools on three days each week throughout the term and the subject is "Parentcraft." Their scope properly covers the entire development and care of the child and the normal experiences of life from conception through to adolescence. We hope thereby to instil the basic principles of health, and to induce the younger generation to give some constructive thought to health matters. I regard this development as one of great importance and I am deeply grateful to Mr. Elliott, the Headmaster of the Secondary Modern School and to his staff, for the encouragement and co-operation which they have given us and without which we would not have been able even to make a start.

The section of the report relating to the work of the Sanitary Inspectors has been compiled by Mr. Templeman, the Chief Sanitary Inspector, to whom my thanks are due for unfailing co-operation and assistance throughout the year. The other officials of the Spennborough Council have again, as always, given me every help and encouragement, and have thereby increased the efficiency of my Department and created an atmosphere in which it has been pleasant to work.

In conclusion, I should like to thank you, Mr. Chairman, and Members of the Health Committee, for your ever ready support, courtesy and consideration.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. M. DOUGLAS,

Medical Officer of Health and
Divisional Medical Officer.

SPENBOROUGH URBAN DISTRICT.

Area of district in acres at 1951 census	...	...	...	8,253
Population at 1951 census	...	...	...	36,977
Number of inhabited houses at 1951 census	...	...	...	12,723
Average number of persons per room at 1951 Census	...	...	...	1.29
Number of families at 1951 Census	...	...	...	12,381

Statistical Summary of the area for 1952

in comparison with 1951.

		1951	1952
Area of the district in acres	...	8,253	8,253
Estimated population (mid-year)	...	36,840	36,860
Average number of persons per acre	...	4.5	4.5
Estimated number of dwellinghouses	...	12,705	12,795
Average number of persons per house	...	3	3
Rateable value at 1st April	...	£180,285	£182,098
Product of Penny Rate (estimate)	...	£685	£700
Crude Death Rate per 1,000 estimated population	...	14.6	14.2
Comparability Factor	...	0.96	0.96
Standardised Death Rate	...	14.6	13.6
Crude Birth Rate per 1,000 estimated population		13.6	14.8
Comparability Factor	...	1.03	1.02
Standardised Birth Rate	...	14.1	15.2
Still-birth Rate per 1,000 total live and still-births	...	29.0	16.1
Infant Mortality Rate per 1,000 live births		31.8	27.2
Maternal Mortality Rate	...	Nil	Nil

POPULATION AND SOCIAL CONDITIONS.

The population of the original Urban District of Spenborough at the 1931 census was 30,963, and the population of Birkenshaw, Hunsworth and Hartshead, which were added to the original Urban District in 1937, was 5,066, giving a total population at that time of 36,029. Provisional figures for the 1951 census show a population of 36,977, an increase of 948 in fourteen years. The Registrar General's estimate of the population of the Urban District of Spenborough at the middle of 1952 is 36,860, and this figure is used throughout this report in calculating rates.

The District, which is mainly industrial in nature, is characterised not only by the diversity of its industrial processes which include among many others, textile belting and asbestos products, plastics, wire rope, leather works, motor cycle engineering, optical instrument making, rope and twine manufacturing, confectioners, card clothing, chemical products, and coal mines, but by its very large number of factories, many of small size employing less than twenty persons. In spite of this, or perhaps because of it, we find the population concentrated in comparatively small aggregates rather than spread evenly over the whole area, and there is, therefore, ample open space between these concentrations of population, and not an inconsiderable amount of agricultural land and dairy farming. There are, for example, some ninety farms in the Spenborough area.

The textile depression which was in full swing at the end of 1951 continued to persist until June of this year when it vanished as quickly as it had begun. In July there was full employment in textiles and indeed a shortage of labour, so much so that many firms commenced evening shift work for part-time female workers and also took on many part-time workers during the day. Approximately six hundred persons are transported daily from South Yorkshire to work in the Spen Valley area textile industry. There has been considerable short-time in certain sections of the wire and card clothing industries, due mainly to world conditions and lack of overseas orders but generally speaking, there is no unemployment and those registering at the Employment Exchange are either elderly or disabled. Most firms of the area are keen to employ, wherever possible their quota of disabled persons under the Disabled Persons (Employment) Act, 1944.

These notes regarding employment have been compiled from data kindly supplied by the Manager of the Spen Valley Employment Exchange.

VITAL STATISTICS FOR THE YEAR 1952.

Live Births.

				Males	Females	Total
Legitimate	...	...	...	278	257	535
Illegitimate	...	...	...	4	12	16
			Total	282	269	551

Birth rate per 1,000 estimated population : 14.8.

Live and Stillbirths Notified in the District.

Ward				Males	Females	Total
Cleckheaton—East	...	...	...	6	4	10
Cleckheaton—West	...	...	...	8	10	18
Hightown and Hartshead	...	...	...	13	20	33
Birkenshaw	...	...	...	8	3	11
Gomersal	...	...	...	12	3	15
Millbridge	...	...	...	1	5	6
Scholes	...	...	...	3	8	11
Spen and Littletown	...	...	...	5	3	8
Oakenshaw and Hunsworth	...	...	...	6	—	6
Roberttown and Norristhorpe	...	...	...	4	8	12
			Total	66	64	130

Births Transferable to the District.

Hospitals	...	...	...	...		160
Maternity Homes	...	...	...	...		268
Nursing Homes	...	...	...	...		19
					Total	447

Stillbirths.

				Males	Females	Total
Legitimate	...	...	...	6	2	8
Illegitimate	...	...	...	—	1	1
			Total	6	3	9

Stillbirth rate per 1,000 total live and still-births : 16.1.

The birth rate has shown an upward swing after declining each year since 1947, but is still lower than the average rate for the country and for the Administrative County. The Registrar General supplies a "comparability factor." In the case of Spenborough, for births, this is 1.02, and multiplying our crude birth rate by this figure we obtain a standardised birth rate of 15.2, which would represent the birth rate for Spenborough if its population had the same age and sex constitution as that of the country as a whole.

Approximately 77% of all confinements took place in hospital or maternity homes, and this is substantially greater provision than is required on social or medical grounds. The capacity of a State Medical Service to absorb finance is almost unlimited and consequently it will always be necessary to maintain a ceiling of expenditure. In view of this I am sure that it is both unnecessary and wasteful to make hospital accommodation available for normal maternity cases on such a lavish scale when other requirements are so pressing.

There were nine stillbirths notified during the year giving a rate of 16.1 per thousand live and still births. This is easily the lowest stillbirth rate ever recorded in Spenborough. The previous lowest figure was 18.4 in 1944 and the trend of this rate is shown in Appendix 'B' at the end of this report. No single cause appears to be a predominant factor, and in all except one case the mothers received their ante-natal care from general practitioners.

By far the larger proportion of domiciliary confinements took place in the Hightown and Hartshead Ward.

Deaths.

		Males	Females	Total
Total Deaths assigned to district	...	286	238	524
Deaths registered in the district	...			397
Deaths transferable to the district	...			155
Deaths transferable from the district	...			28
Death Rate per 1,000 estimated population				14.2
Standardised Death Rate	...	...		13.6
Deaths from puerperal causes	...	...		Nil

Deaths of Infants under 1 year :—

		Males	Females	Total
Legitimate	...	7	7	14
Illegitimate	...	1	—	1
		8	7	15

Death rate per 1,000 live births 27.2
 Death rate of legitimate infants per 1,000 legitimate live births 26.2

There were 524 deaths assigned to the District which gives a crude death rate of 14.2. The Registrar General's "comparability factor" for deaths is 0.96 and multiplying the crude death rate by this factor we obtain 13.6 which would represent the death rate for Spennborough if its population had the same age and sex constitution as that of the country as a whole. There has been an increase in the number of deaths this year in the age groups 65—74 and 75 years and over, and also a further increase in male deaths over female deaths. Mortality from cancer (94) and coronary disease (83) compare with last year's figures which were cancer (72) and coronary disease (57). These two diseases together with heart disease are by far the commonest causes of mortality and account for well over half of all the deaths.

There were fifteen deaths of infants under one year of age giving an infant mortality rate of 27.2 per thousand live births. This shows a substantial drop from last year (31.8) and in nine of these cases the cause of death was present at birth. One infant death was ascribed to whooping cough and two to bronco pneumonia.

There were no deaths of mothers associated with child birth during the year.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1952.

	All Ages	Under 1 year	1-4	5-14	15-24	25-44	45-64	65-74	75 and Over	Males	Females	Deaths in Institutions
Tuberculosis respiratory	4				2		1	1	1	2	2	4
Tuberculosis other	2						1	1	1	1	1	1
Syphilitic disease	1						1			1		1
Whooping Cough	1	1								1		1
Cancer	94			1	7	33	35	18	52	42	24	
Diabetes	3			1		1	1		2	1	3	
Vascular lesions of nervous system	72				1	10	28	33	34	38	19	
Coronary disease angina	83				1	28	31	23	59	24	7	
Hypertension with heart disease	17					6	8	3	10	7	10	
Other heart disease	121			1	1	16	25	78	55	66	23	
Other circulatory disease	15					3	3	9	5	10	1	
Pneumonia	9				1		4	4	6	3	5	
Bronchitis	32	2	1			4	14	11	20	12	15	
Other diseases of respiratory system	2					1	1			2	1	
Ulcer of stomach & duodenum	1					1			1		1	
Nephritis & nephrosis	14			1		1	1	1	10	6	8	2
Hyperplasia of prostate	2					1			1	2		2
Congenital malformation	6	6								2	4	5
Other defined & ill defined causes	31	6		1		2	7	6	9	17	14	17
Motor vehicle accidents	2								2	1	1	2
All other accidents	8				1	3		1	3	5	3	4
Suicide	4					1	1	1	1	4		
TOTAL—All Causes	524	15	1	2	4	20	114	161	207	286	238	148

CAUSES OF INFANTILE MORTALITY IN SPENBOROUGH URBAN DISTRICT, 1952

Cause of Death	In First Year			
	4th Quarter	3rd Quarter	2nd Quarter	1st Quarter
Septicaemia	1	1	1	2
Whooping Cough... ...	1	1	1	1
Broncho-pneumonia ...	1	1	2	2
Cerebral Haemorrhage ...	1	1	1	1
Congenital Malformation				4
Prematurity	4			4
Suprarenal Haemorrhage			1	1
TOTALS	5		4	15
			7	3
			2	1
			3	1
			2	1
			1	1

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate and Case Rates of Certain Infectious Diseases in 1952 compared with other areas.

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1951 Census)	London Admin. County	Spenn- borough
Births					
Live births	15.3	16.9	15.5	17.6	14.8
Still births	0.35	0.43	0.36	0.34	0.24
	22.6(a)	24.6(a)	23.0(a)	19.2(a)	16.1(a)
Deaths					(13.6)*
All causes	11.3	12.1	11.2	12.6	14.2
Typhoid and Paratyphoid	0.00	0.00	0.00	—	—
Whooping Cough	0.00	0.00	0.00	0.00	0.03
Diphtheria	0.00	0.00	0.00	0.00	—
Tuberculosis	0.24	0.28	0.22	0.31	0.16
Influenza	0.04	0.04	0.04	0.05	—
Smallpox	0.00	—	—	—	—
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.00	0.01	—
Pneumonia	0.47	0.52	0.43	0.58	0.24
Notifications (corrected)					
Typhoid fever	0.00	0.00	0.00	0.00	—
Paratyphoid fever	0.02	0.02	0.03	0.01	—
Meningococcal infection	0.03	0.03	0.03	0.02	0.03
Scarlet fever	1.53	1.75	1.58	1.56	1.84
Whooping cough	2.61	2.74	2.57	1.66	3.96
Diphtheria	0.01	0.01	0.03	0.01	—
Erysipelas	0.14	0.15	0.12	0.14	0.29
Smallpox	0.00	0.00	0.00	—	—
Measles	8.86	10.11	8.49	9.23	5.37
Pneumonia	0.72	0.80	0.62	0.57	0.49
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	—
Non-paralytic	0.03	0.03	0.02	0.03	0.05
Food Poisoning	0.13	0.16	0.11	0.18	0.14
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	5.36(a)
Rates per 1,000 Live Births					
Deaths					
All causes under 1 year of age	27.6(b)	31.2	25.8	23.8	27.2
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.5	0.7	—

	Maternal Mortality in England & Wales		
	No. of Deaths	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15-44
Sepsis of pregnancy, childbirth and the puerperium	61	0.09	—
Abortion with toxæmia	13	0.02	1
Other toxæmias of pregnancy and the puerperium	147	0.21	—
Haemorrhage of pregnancy and childbirth	59	0.09	—
Abortion without mention of sepsis or toxæmia	31	0.04	3
Abortion with sepsis	47	0.07	5
Other complications of pregnancy, childbirth and the puerperium	138	0.20	—

*Standardised Rates.

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

PREMATURE INFANTS.

Special equipment for the nursing of premature infants in their own homes is available at the Health Department and this was used on two occasions during the year. As will be seen the vast majority of premature births took place in hospital practice and the survival rate I consider speaks highly for the medical and nursing skill which they received.

Given below are details of premature infants born at home and in hospital :—

(i)	The number of premature babies notified during the year whose mothers are normally resident in the Council's area	39
(ii)	The total number of premature babies notified during the year that were born :—	
	(a) at home	...
	(b) in hospital or nursing home	...
(iii)	The number of those born at home :—	
	(a) who were nursed entirely at home	...
	(b) who died during the first 24 hours	...
	(c) who survived at the end of one month	...
(iv)	The number of those born in hospital or nursing home :—	
	(a) who died within the first 24 hours	...
	(b) who survived at the end of one month	32

TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.
Domiciliary Confinements.

Birth Weight lbs. ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2-7 days	1 month
5 —	1	1	1	1
5 8	1	1	1	1
Totals	2	2	2	2

Institutional Confinements.

Birth Weight lbs. ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2-7 days	1 month
0 11	1			
1 4	1			
1 5	1			
3 —	1	1	1	1
3 3	1	1	1	1
3 6	1	1	1	1
3 8	1	1	1	1
3 11	2	2	2	2
3 12	2	2	2	2
4 —	3	2	2	2
4 4	1	1	1	1
4 7	1	1	1	1
4 8	1	1	1	1
4 9	1	1	1	1
4 10	2	2	2	2
4 11	1	1	1	1
4 12	1	1	1	1
4 14	2	2	2	2
4 15	1	1	1	1
5 —	1	1	1	—
5 1	1	1	1	—
5 2	2	2	2	2
5 3	3	3	3	3
5 6	2	2	2	2
5 8	3	3	3	3
Totals	37	33	33	32

INFECTIOUS DISEASES.

The incidence of notifiable infectious diseases was low during the year and as usual the most prevalent were measles (198 cases) whooping cough (146 cases) and chicken pox (147 cases). These were prevalent in all parts of the district throughout the year and the measles and whooping cough occurred mainly in children aged one to five years. Two cases of poliomyelitis were notified although in neither case were the symptoms serious and complete and rapid recovery took place.

Although only five cases of food poisoning were notified four of these were but a fraction of the rather violent outbreak of food poisoning which occurred among the children attending certain schools in the district on the 23rd of July. In this incident 321 children and staff were affected and in every case a school meal supplied from the County Council canteen at Gildersome on that day had been consumed. The symptoms caused varied in severity and were mainly nausea, vomiting, diarrhoea and in a few cases collapse. The duration of illness also varied from a few hours to several days. Since the nature of the outbreak at once focused attention on the school dinners the Medical Officer of Health for the Morley Division was immediately notified and he conducted searching enquiries at the canteen in question. As a result of his investigations it was shown that the cause of the outbreak was almost certainly a custard dish prepared on the previous day, contaminated by a member of the canteen staff and stored under conditions suitable for the breeding of organisms and the production of the toxin which caused the illness. It was also found that certain equipment in the canteen was defective and attention was drawn to certain aspects connected with the hygiene of the canteen establishment which were not regarded as altogether satisfactory. It is fair to say that this was the first occasion on which any widespread illness has been caused from the consumption of school meals in any of the Spenborough schools.

For the fourth year in succession no case of diphtheria was notified and this very fact makes our task of maintaining a high level of immunity among children more difficult as fear of the disease recedes from the public mind. This is also true of smallpox vaccination and it certainly cannot be said that any substantial degree of immunity to smallpox exists in our community today.

In the middle of the year the County Council approved a scheme for immunisation against whooping cough along similar lines to that for diphtheria. Under this scheme children can be immunised against whooping cough free of charge either at Health Department clinics or by their own doctors to whom the material is supplied free of cost by the County Council. Whooping cough is a distressing and sometimes fatal ailment of early childhood and it is most important that immunisation should be carried out in the early months of life in order to give the fullest protection. I sincerely hope that our efforts will result in the elimination of this disease within the next few years, but it is largely in the hands of parents to achieve this desirable outcome.

Tables showing the amount of diphtheria immunisation carried out during the year and the state of diphtheria immunisation in the child population.

Primary Injections.

Period	Age at final injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1952	123	46	11	6	13	31	16	246
Six months ending 31st December, 1952	20	108	17	3	4	12	1	165
Totals for 1952	143	154	28	9	17	43	17	411

Re-inforcing Injections.

Period	Age at final injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1952	—	—	—	1	62	131	148	342
Six months ending 31st December, 1952	—	—	—	—	14	160	14	188
Totals for 1952	—	—	—	1	76	291	162	530

Number of children immunised for the first time during each half-year.

	First half-year	Second half-year	Total
1945	207	218	425
1946	318	219	537
1947	150	390	540
1948	545	269	814
1949	227	250	477
1950	205	157	362
1951	210	174	384
1952	246	165	411

State of Diphtheria Immunisation in the Child Population.

Age at 31-12-52 i.e., Born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5-9 1943-47	10-14 1938-42
Number immunised	20	243	305	315	396	2140	1966
Estimated mid-year child population, 1952		Children under 5 2840				Children 5-14 5214	
Percentage of child pop. immunised		45.0%				78.6%	

Smallpox Vaccination.

Table showing Persons Vaccinated and Re-vaccinated during 1952.

Age at date of vaccination	Under 1	1	2-4	5-14	15 or over	Total
Number Vaccinated	33	58	28	8	18	145
Number Re-Vaccinated	2	2	—	5	41	50

Whooping Cough Immunisation.

Number of children at 31st December who had completed a course of immunisation before that date.

Age at 31/12/52 i.e. born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	Total
Number immunised	43	74	25	18	6	166

CASES OF INFECTIOUS DISEASE

occurring in Spennborough Urban District classified according to Areas and Quarters, 1952.

Disease	Cleckheaton, Hunsworth Oakenshaw and Scholes				Liversedge, Roberttown, Hartshead and Norristhorpe				Gomersal and Birkenshaw				Spennborough			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Whooping Cough	44	14	3		37	32	1	6	3	5		1	84	51	4	7
Measles	12	14	58	9	7	36	32	5	4	3	8	10	23	53	98	24
Chicken Pox	10	28	2	6	9	33	20	7	3	5	22	2	22	66	44	15
Scarlet Fever	5	3	3	19	2	7	2	17			10	7	10	5	5	46
Pneumonia		1	4	5	1	2	1	2			1	1	1	3	6	8
Erysipelas		2		3							1	2	1	3	5	
Poliomyelitis											1		1	1	1	
Dysentery					1				1			1	3		5	
Puerperal Pyrexia		1				2										
Food Poisoning							2									
Meningococcal Infection							1									1
TOTALS	74	60	73	43	58	112	60	39	10	13	34	26	142	185	167	108

**CASES OF INFECTIOUS DISEASE
occurring in Spennymoor Urban District classified according to Age Groups and Wards, 1952.**

All Ages		Under 1 year		1 to 5 years		5 to 15 years		15 to 25 years		25 to 45 years		45 to 65 years		Over 65 years		Schools		Cleckheaton		West		Littletown		Millbridge		Hightown and Harsthwaite		Roberttown and Northorpe		Gomersal		Birkenshaw		Removed to Hospital			
Whooping Cough		...		146		10		102		31		2		1		15		28		9		9		13		31		22		7		2					
Measles		...		198		4		113		80		1		41		11		28		13		32		4		27		17		13		12					
Chicken Pox		...		147		1		43		99		3		1		16		4		2		24		5		56		3		26		6					
Scarlet Fever		...		68		23		44		1		3		6		9		10		6		6		4		9		9		4		5					
Pneumonia		...		18		3		1		1		3		6		4		1		1		6		1		2		4		24		1					
Erysipelas		...		11		...		2		9		2		1		1		1		4		1		1		1		1		1		1					
Poliomyelitis		...		3		...		2		2		1		1		1		1		1		1		1		1		1		1		1					
Dysentery		...		5		...		3		3		1		2		1		1		2		1		1		1		1		3		1					
Puerperal Pyrexia		...		1		...		3		1		1		4		4		1		1		2		1		1		3		1		3					
Meningococcal Infection		...		5		...		5		261		9		9		16		5		83		60		61		23		131		54		57		25		30	
TOTALS		...		602		18		284		261		9		9		16		5		83		60		61		23		131		54		57		30			

TUBERCULOSIS.

There were more notifications of respiratory tuberculosis (20) compared with last year when there were sixteen, and this was entirely accounted for by an increase in notifications of females. There was again, however, a marked decline in notifications of non-pulmonary tuberculosis this year (4) compared with fourteen last year. Perhaps after all the policy which we have adopted of strict supervision of milk supplies is beginning to have some effect—at least it would be pleasing to think so.

The clinic work in connection with the Tuberculosis Service is the responsibility of the Regional Hospital Board and I must record my thanks to Dr. Viner, the Chest Physician of the area for the co-operation which he has most readily offered at all times during the year. The Health Visitors who carry out the work of domiciliary visiting of notified cases and who can do so much to prevent the spread of the disease by education in the home and by the tracing of contacts, have carried out their duties in close collaboration with the Chest Physician, and there is no doubt that this work is the more efficient because of their attendance at the Chest Clinic held at Knowler Hill, Liversedge. The Regional Hospital Board propose to centralise the work of outlying chest clinics by holding instead a centralised clinic at Dewsbury Infirmary, and it is to be hoped that it will be found possible to maintain this close liaison between the Chest Physician and the district tuberculosis nurses which is of great importance in the domiciliary and preventive aspects of tuberculosis.

Upon the ascertainment of a new case of tuberculosis an investigation is made of the social and housing conditions and of the environment where the person concerned works. Our Social Workers trace the close contacts of the patient and endeavour to have these examined by the Chest Specialist. In a number of cases the Housing Committee have provided suitable housing accommodation for such cases upon my recommendation. Extra nourishment in the form of milk is provided. National Assistance entitlements are gone into and from time to time we have obtained further help either from the West Riding Distress Fund or from voluntary agencies within the area.

The statistical details of tuberculosis in Spenborough are as follows :—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	1	—	—	—	—	—	—
5	1	1	—	—	—	—	—	—
10	1	1	—	—	—	—	—	—
15	—	2	—	1	—	—	—	—
20	1	3	—	—	—	—	—	—
25	1	1	—	1	—	1	—	—
35	3	—	—	1	1	—	—	—
45	2	—	—	—	—	—	—	—
55	1	—	1	—	—	—	—	—
64 and upwards	1	—	—	—	1	1	1	1
Totals	11	9	1	3	2	2	1	1

Two females pulmonary removed from the district.

Three males and two females recovery.

Two males and one female non-pulmonary recovery.

One male non-pulmonary revision of diagnosis.

The following table gives the number of cases of Tuberculosis on the Register on 31st December, 1952 :—

		Pulmonary	Non-Pulmonary	Total
Males	...	130	57	187
Females	...	84	56	140
Totals		214	113	327

Nineteen notifications were received of admission of persons suffering from Tuberculosis to Sanatoria and thirteen discharges. The following are the institutions to which patients were sent :—

		Admissions	Discharges
		Form I	Form II
Killingbeck Hospital, Leeds	...	...	3
Whitley Grange Sanatorium	...	4	1
Snapethorpe Hospital, Wakefield	...	2	3
Scotton Banks	...	3	1
The Hospital, Middleton, Ilkley	...	4	2
Gateforth Hospital, Hambleton	...	—	2
Seacroft Hospital, Leeds	...	2	—
St. George's Hospital, Rothwell...	...	1	1
		19	13

MENTAL HEALTH SERVICES.

Mental Deficiency.

Mental deficiency means "condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury." The duty of ascertaining mentally defective persons and of making provisions for their care and supervision falls to the Local Health Authority, and this work is carried out by the Divisional Medical Officer and his staff.

By no means are all mentally defective persons unemployable or ineducable. Their classification ranges from the completely ineffective idiot to the high grades of feeble minded and moral defectives who require the minimum of supervision and control for their own protection, and provision is made for their care accordingly. There are the Mental Deficiency Institutions for those who require more care than can be provided at home. There is not yet, however, sufficient accommodation in such Institutions to accommodate all those who should be admitted. Consequently, therefore, burdens are placed both upon the parent and relatives, upon the Social Workers who supervise their cases, and at times upon neighbours and other members of the public. In certain cases instruction in simple crafts and allied subjects, in social behaviour and in the management of the defective, is given in the home. Also during the year it was possible to arrange for a further three children to be admitted to an Occupation Centre in West Leeds to which they are conveyed with other children in a specially chartered vehicle daily. The remainder of the children accommodated in Occupation Centres attend the Dudley Hill Centre conducted by the Bradford Health Authorities. It is pleasing to note that the efforts of Mrs. De La Cour, the Mental Health Social Worker, to obtain suitable employment for certain defectives met with a good degree of success during the year and it was possible to "place" a further seven patients.

Supervision by properly trained Social Workers in the home means much both to the defective and to the relatives of the defective. It seeks to ensure a reasonable standard of care for the patient, for his placement wherever possible in a suitable occupation, and the Social Worker is an ever-ready guide, philosopher and friend to those responsible for the care of the defective.

Mental Deficiency Statistics.

			Males	Females	Total
1.	Number of defectives on register :				
(a)	at home	...	24	18	42
(b)	in institutions	...	13	10	23
			<hr/> 37	<hr/> 28	<hr/> 65
2.	Number of defectives under supervision at home :				
(a)	Statutory Supervision	...	21	16	37
(b)	Voluntary Supervision	...	2	2	4
(c)	On licence from institutions	...	1	—	1
	Total under supervision		<hr/> 24	<hr/> 18	<hr/> 42
3.	Number of defectives in gainful employment	...	10	4	14
(b)	Number attending occupation centres	...	6	6	12
(c)	Number receiving home teaching	...	2	9	11
(d)	Number awaiting admission to Institution	...	1	—	1
	Totals	...	<hr/> 19	<hr/> 19	<hr/> 38
4.	Placed under supervision in 1952	...	2	1	3
5.	Placed under guardianship in 1952	...	—	—	—
6.	Admitted to institutions in 1952	...	—	—	—
7.	Admitted to occupation centres 1952	...	2	2	4
8.	Visits paid during 1952 :—				
(a)	To cases on Licence	...	4	—	4
(b)	To Cases under Statutory Supervision	...	119	91	210
(c)	To cases under Voluntary Supervision	...	3	2	5
(d)	For home reports for institutions	...	7	4	11
	Total visits	...	<hr/> 133	<hr/> 97	<hr/> 230
No. of cases receiving Home Teaching 1/1/52	...	3	6	9	
No. of new cases during year	...	2	4	6	
No. of cases admitted to Occupation Centres	...	3	1	4	
No. of cases receiving Home Teaching 31/12/52	...	2	9	11	
No. of visits paid during year	...	44	149	193	

Mental Illness.

During the year we have had the services, part-time, of a Social Worker for the visitation of patients who have been discharged from hospital after receiving treatment for mental illness. In addition, background reports have been prepared and transmitted to various Mental Hospitals concerning patients from our area and this is of value in the treatment of the illness. Families have been assisted and guided both before admission of the patient to the Hospital, during his absence and after his return home. Also a number of cases have been visited at the request of General Practitioners and in a few cases arrangements were made, with the General Practitioner's consent, for the patients to be interviewed by Psychiatrists at Hospital Out-Patients' Departments. All this is most valuable work. One is so often aware of the great difficulty experienced by many patients in effecting complete readjustment after their discharge from hospital and to such patients the complexities of modern life and legislation may often be so bewildering that unless skilled assistance is immediately available the good effects of the treatment which they have received may often be prejudiced. This is another of these services where there must exist the fullest co-operation between the hospitals for mental illness and the Local Health Authorities if the service is to be effective. It cannot yet be said that this co-operation is universally adequate.

Patients from Spenborough generally are admitted to Stanley Royd Hospital, Wakefield or to Storthes Hall Mental Hospital, Kirkburton. The Social Services given to patients suffering from the after effects of mental illness were considerably extended during the year and I regard this work as of the greatest importance.

Mental Illness Statistics.

	Male	Female	Total
No. of cases on register at 1st January, 1952	31	62	93
No. of cases discharged from mental hospitals during 1952	4	7	11
	35	69	104
 Cases removed from register during 1952 :			
(a) deaths	...	...	2
(b) removals	...	...	—
(c) recovery	...	...	—
 Cases on register, 31st December, 1952	34	68	102

No. of cases receiving After-care at 1st January, 1952	...	...	...	5	6	11
New cases during year	...	...	...	7	2	9
				12	8	20
No. of cases taken off After-care register during the year	...	...	...	—	—	—
No. of cases receiving After-care at 31st December, 1952	...	...	...	12	8	20
No. of visits made to patients during 1952				105	130	235
No. of reports on home conditions requested by, and forwarded to mental hospitals	...			4	2	6

HOME NURSING SERVICE.

Five nurses were continuously employed in providing nursing in the homes of patients in Spenborough during the year. This work is carried out in collaboration with the General Practitioners of the area and so far as treatment of the patient is concerned the General Practitioner is in command. The duties of administration and supervision of work, the arrangement of refresher lecture courses and the like, are the responsibility of the Local Health Authority, and although the Home Nursing Service has been fully extended during the year, no problems of any magnitude have arisen. It is felt, however, that the services would benefit by the provision of one additional nurse to act as relief throughout the district during periods of absence from duty of the nursing staff. The wide variety of illnesses receiving nursing at home indicates that where suitable conditions exist, much can still be done in the treatment of patients at home rather than in hospital, which is both comparatively economical and usually beneficial to the patient. Increasing liaison with the hospitals has led to increasing requests for nursing care after discharge from hospital and there is fine co-operation between the domiciliary nurses and those carrying out preventive work in the area.

The following information relates to the work undertaken by the Home Nurses during the year :—

- (a) Number of cases being attended on 1st January, 1952 ... 104
- (b) Number of new cases attended during the year 610
- (c) Number of day visits paid during the year 16,508
- (d) Number of night visits paid during the year 579
- (e) Number of cases being attended on 31st December, 1952 ... 113

The cases visited by the Home Nurses are classified as follows :—

Medical (493 cases)

Acute Abdominal	... 12	Influenza 3
Anaemia ... ...	... 19	Intestinal 12
Bronchitis & Asthma	... 41	Kidney & Bladder 6
Carcinoma Breast	... 9	Mental & Nervous
" Colon & Rectum	7	Conditions 3
" Uterus & Cervix	7	Mis. & Abortion 1
" Lung	... 3	Phlebitis & Thrombosis ... 7
" Other sites	... 20	Pneumonia & Pleurisy ... 22
Cardiac	... ... 41	Prolapsed Disc 1
Cerebral	... ... 42	Pyrexia 2
Constipation	... ... 30	Rheumatism & Arthritis ... 19
Diabetes	... ... 6	Senility 38
Dis. & Art. Sclerosis	... 9	Skin Conditions 12
Fractures	... ... 8	Threadworms 10
General Debility	... ... 17	Tuberculosis 13
Gynaecological	... ... 34	X-Ray Prep 6
Hypertension	... ... 1	Miscellaneous 27
Infectious Diseases	... 5	

Surgical (221 cases)

Bed Sores	... ... 5	Septic, boils, abscess	... 63
Burns & Scalds	... ... 20	Supra Pubic	... ... 5
Circumcision	... ... 9	Varicose Ulcers	... ... 5
Colotomy	... ... 8	Eyes	... ... 1
Gangrene	... ... 1	Ear, Nose, Throat	... 30
Minor Accidents	... ... 18	Miscellaneous	... ... 6
Post operative	... ... 50		

MIDWIFERY.

As has already been pointed out a very small proportion of confinements in Spenborough are carried out in the home and during the year the district midwives undertook 126 such cases. In spite of this, however, the midwives have extended their influence to ante-natal work and have visited the homes of patients who had booked hospital accommodation for their confinements. In addition they attended the ante-natal clinics where they were able to discuss their patients with the Medical Officer present. Gas and air analgesia was administered by the domiciliary midwives in 91 cases and pethidine was administered in 64 cases.

Confinement in the home where conditions are suitable is today as convenient, as safe, and at least as painless, as it is in any hospital and many will assert that it is better for the mother, for her new born child, and for the other children of the family. As I have said elsewhere it is extremely doubtful if we are making the best use of our limited resources in providing free hospital treatment for such a large proportion of normal midwifery cases.

Details are given of the work done by the District Midwives during the year :—

(a) Labours conducted—

(i) As midwife	...	...	...	88
(ii) As maternity nurse	...	...	...	38
				<hr/>
	Total	...	...	126
				<hr/>

(b) Ante-natal visits	...	...	...	1429
(c) Post-natal visits	...	...	...	2715

The midwives sought medical aid on 31 occasions, details of which are given below :—

(i) Pregnancy	...	...	...	...	9
(ii) Labour	...	...	...	...	13
(iii) Lying-in ...	...	...	...	...	2
(iv) The child	...	...	...	...	7

Pregnancy.

Albuminuria	...	...	5	Abortion	...	...	...	1
Malpresentation	...	...	1	Threatened miscarriage	...	...	...	2

Labour.

Ruptured perineum	...	9	Delayed labour	...	...	...	1
Post partum haemorrhage	2		Malpresentation	...	...	...	1

Lying-in.

Pain in leg	2
-------------	-----	-----	---

The Child.

Discharging eyes	...	2	Cyanosis	...	...	...	1
Skin condition	...	1	Swelling of breast	...	...	...	1
Nasal discharge	...	1	Chest condition	...	...	...	1

ANTE-NATAL CLINICS.

As is general in many parts of the country attendances at the Ante-Natal clinics continued to decline and this is largely due to the fact that more expectant mothers prefer to receive their ante-natal care from their general practitioners and also, partly at least, due to the fact that so high a proportion of expectant mothers in the Spennborough area elect to have their confinements in hospital or maternity home. We would not be human if we did not feel that thereby they are missing something important which we have to give them.

At the Ante-Natal clinics patients not only receive routine medical examinations, but also detailed investigation of the blood and instruction in the use of Gas and Air apparatus. Instruction is also given in the hygiene and the diet of pregnancy and in the techniques and preparation for relaxation during labour which has been shown not only to reduce pain, but to shorten the period of disability after confinement and to reduce the complications of confinement. It is during the Ante-Natal period that the crucial work in preparing the mother to breast feed her baby is carried out and it is indeed a tragedy that greater importance is not attached to this by many of the mothers themselves. Although dietary insufficiency of first class proteins may have some bearing on the inability of a proportion of the mothers to breast feed their babies the biggest difficulty is in their lack of desire to do so. It has been proved over and over again that the health of the breast fed baby is, on average, far superior to that of the baby who is bottle fed. Any mother who can feed her baby but won't, and any doctor, midwife or nurse who will not do their utmost to encourage establishment of breast feeding is indeed failing in his or her duty.

Attendances at Ante-Natal Clinics :—

			Ante- Natal	Post- Natal
Elm Bank Clinic	...	...	451	12
Valley Road Clinic	...	...	725	19
Birkenshaw Clinic	...	...	204	10
			—	—
	Total during the year		1380	41
			—	—

Number of women who attended during the year :—

Elm Bank Clinic	...	...	93	12
Valley Road Clinic	...	...	157	19
Birkenshaw Clinic	...	...	48	10
			—	—
	Total during the year		298	41
			—	—

Number of women attending for the first time :—

Elm Bank Clinic	...	...	75	11
Valley Road Clinic	...	...	129	8
Birkenshaw Clinic	...	...	32	6
			—	—
	Total during the year		236	25
			—	—

Dental Treatment of expectant mothers :—

No. inspected by Dental Officer	...	...	...	...	59
No. found to require treatment	...	...	...	...	54
No. found not to require treatment	...	...	...	...	5
No. who refused treatment offered	...	...	...	...	7
No. who failed to attend for treatment	...	...	...	...	6
No. who received partial treatment	...	...	...	...	4
No. who received full treatment	...	...	...	...	33
No. still receiving treatment	...	...	...	...	4
No. of teeth extracted	...	...	...	...	66
No. of teeth filled	...	...	...	...	74
Scaling and gum treatment	...	...	...	...	26
No. of patients for whom dentures were fitted	...	...	...	...	9

BREAST FEEDING.

A survey was carried out of the incidence and duration of breast feeding of infants in the area with particular reference to the reason for the abandonment of breast feeding within the first two weeks of life, *i.e.*, before the initial visit of the Health Visitor. 525 cases were investigated and the following facts emerged.

Artificial feeding had been commenced in 127 cases by the end of the second week of life representing 24.2% of the total, and the reasons for this were as follows :—

Lactation failed	...	...	...	...	73
Illness of Mother	...	...	...	...	8
Lactation not established	...	...	...	...	7
Defective nipples or breast abscess	...	...	...	...	7
Own Doctor's advice	...	...	...	...	1
No adequate reason	...	...	...	...	4
Mother working	...	...	...	...	3
Prematurity	...	...	...	...	2
Illegitimate	...	...	...	...	1
Illness of baby	...	...	...	...	2
Unco-operative and not interested in breast feeding	...	...	...	...	11
Lactation Poor	...	...	...	...	7
Defect of Child	...	...	...	...	1

From this point the incidence of breast feeding declined as follows :—

Age groups (in weeks)	Number artificially fed.	Percentage
2—3	177	33.7
3—4	215	40.9
4—8	287	54.7
8—12	344	65.5
12—20	383	72.9
20—24	411	78.3

Of those who abandoned breast feeding within two weeks of birth (127 cases) the following table indicates the method of ante-natal care and the place of confinement :—

Primip.	Multip.	Attended A/N Clinic	Attended own Dr.	Confined	
				Hospital	At home
42	85	48	79	93	34
Percentages					
33.1	66.9	37.8	62.2	73.2	26.8

CHILD WELFARE SERVICE.

Health Visiting.

It is difficult to assess the full value of the Health Visitor to the community. It certainly must be very great. The extent of her training and wide knowledge of social medicine is not even fully appreciated. Of prime importance is her work in connection with infant welfare and in this area we have taken the view that work within the home should receive the greatest priority. In these home visits the purpose is not so much to find out what is wrong but to teach the basic techniques and precepts of the upbringing of a healthy family. The work is not easy because results are difficult to assess and can seldom be presented in the bare form of statistics.

The Health Visitor is also concerned with the visiting of expectant mothers, with attendance at ante-natal and post-natal clinics and infants' welfare centres, and in all these aspects of her work the main emphasis is always on teaching and on prevention. She also has duties in relation to the aged and her work in this respect is closely integrated with the Home Help Service.

Important duties are also carried out in respect of the School Health Service. She carries out cleanliness inspections at schools, routine testing of eyes, treatment of minor ailments and attendance at School Medical Inspections. She discusses with school teachers any problems connected with the home life of the child and it is this factor of her link with the homes of the children that makes her work of inestimable value. As I have noted elsewhere in the Report certain of the Health Visitors now give a course of health instruction to senior girls in the Secondary Modern School and I think this is one way in which their work may be expanded with much advantage to future generations.

Number of visits paid during year :—

					1951	1952
(a)	To expectant mothers :—					
(i)	First visits	...	...	...	48	43
(ii)	Total visits	...	...	...	116	100
(b)	To children under 1 year of age :—					
(i)	First visits	...	...	...	485	549
(ii)	Total visits	...	...	...	7,466	8,375
(c)	To children between the ages of one and five years :—					
(i)	Total visits	...	...	...	3,743	3,516
(d)	To other classes :—					
(i)	Total visits	...	...	...	2,161	3,322

Child Welfare Centres.

The Child Welfare Clinics continued to play their useful part in the Child Welfare Services and the re-opening of the Valley Road Clinic in January was of great benefit to these services in the Liver-sedge area. Medical consultation has been available at each of the Clinics and dried milk and other suitable infant foods can be purchased at these clinics in accordance with the advice of the doctors and nurses. The best place for a mother to receive advice about the upbringing and progress of her children is undoubtedly within her own home, but obviously this is not practical to the extent of the requirement for such advice. The clinics also give an opportunity for mothers to congregate and discuss common problems with the nurses, and they give an opportunity to the nurses to carry out health teaching by groups.

INFANT WELFARE CENTRES.

Name of Centre	Number of Infant Welfare Sessions now held per month	Number of Children who first attended during the year and who on the date of their first attendance were :—		Number of children included in column 3 who at the end of the year were :—		Total number of attendances made by children in Col. 3 during the year :—		Medical consultations	
		under 1 yr. of age	over 1 yr. of age	under 1 yr. of age	over 1 yr. of age	under 1 yr. of age	over 1 yr. of age	under 1 yr. of age	over 1 yr. of age
Elm Bank, Cleckheaton	4	244	94	4	2	82	162	1074	231
Valley Road Clinic	4	237	91	1	80	157	948	438	291
Birkenshaw Clinic	4	141	70	1	58	83	1070	240	218
Scholes Clinic	1	57	36	—	31	26	260	35	54
Roberttown Clinic	1	64	24	—	24	40	168	58	47
Gomersal Clinic	2	95	46	—	39	56	319	146	106
TOTALS		16	838	361	4	314	524	3839	1148
								975	400

PROBLEM FAMILIES.

During the year special attention was again given to that group of families within the Spenborough District whose living standards are consistently on the lowest level. I have no hesitation in saying that the cause of the low standards within these homes lies within the parents themselves and I am afraid experience teaches us that we can hope for but little improvement in the desire of these persons to better themselves or their families. What we try to ensure, however, is that the children in these homes are neither grossly neglected or ill-treated to an extent which would prove seriously prejudicial to their health. It is, of course, true to say that active physical cruelty is very rare and the predominant factors are sloth and neglect.

On register beginning 1952	...	...	...	...	...	19
Removed from district	...	...	...	...	...	—
Added to Register	...	...	...	...	...	1
Total on Register at end of 1952	...	...	...	...	...	20
Re-housed	...	...	...	...	...	—
Visits paid by Health Visitors	...	...	...	...	...	146
No. school children involved	...	...	...	...	...	70
No. pre-school children involved	...	...	...	...	...	16
No. babies born	...	...	...	...	...	2

HOME HELP SERVICE.

The Home Help Service continued to expand during the year and more cases than ever before received assistance from this service. Recruitment of suitable staff became more easy and although there were periods during the year when we were hard put to it to supply all requirements we have been able to manage with the number of home helps allocated to the divisional establishment. The value of this type of service will be at once apparent from the list of the types of cases dealt with in the appended table. Many of the aged infirm are well able to manage on their own and in their own homes with a little help to do the heavier work, and there is no doubt whatever that an intelligently used home help service is at once an economy and a great benefit in raising the living conditions of an increasing number of old people. The effective running of the service, recruitment of suitable personnel, etc., requires much work and continual vigilance. It can so easily be abused and it is so easy to be over-generous in the allocation of a home help's time to a particular household. The detail of the service during the year has largely been conducted by the Senior Health Visitor, Nurse Day, who, by her intimate knowledge of people and conditions in the area together with her association with the Old Peoples' Welfare movement, has ensured what I believe to be a high standard in a vital social service.

The principal duties for which the home helps are responsible are as follows :—

Keep the house clean and tidy.

Cook and prepare meals for the family.

Care for any children there may be, and see that those attending school do so punctually and are clean and tidy.

Undertake the week's family washing and also wash daily for the infant and mother if necessary.

The service, of course, is not provided free of charge except in those cases whose income falls within limits set by the County Council's Scheme. Ascertainment of circumstances and financial assessment is made by the Divisional Welfare Officer's staff.

The following figures show the number and types of cases provided with Home Help in the Spenborough area during the year, the total hours worked at the various types of cases and the allocation of these hours on a percentage basis :

Reason for Provision	No. of Cases	Hours worked	Percentage
Ill	53	6808	24.0
Lying-in	47	4058	14.4
Expectant Mothers ...	4	363	1.3
Aged-ill	58	9264	33.0
Aged-infirm	53	7637	27.0
Children of school age	3	80	0.3
Totals ...	218	28210	100

DAY NURSERIES.

Details are given of the numbers of children dealt with at the Day Nursery during the year. Priority of admission is given to the following classes :—

The young child whose mother is ill or having a baby.

The illegitimate child whose mother is seeking work.

Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.

The young child of the widow who must educate and support the family unassisted, and also the young child of the mother whose husband is ill.

The child whose mother is engaged in the Textile Industry.

In other words the Nursery is used as far as possible to alleviate social distress, and in a few cases, to benefit the child where it is felt that for one reason or another it is not receiving adequate care and attention in the home. Although there are substantial numbers remaining on the waiting list for admission it is not felt that undue hardship is being caused in any case where it has not been possible to admit the child. Adequate and well balanced diets are supplied in the meals provided, and additional nutrition is supplied in the form of milk and vitamins. A charge of 2/- per day is made for each child attending the Day Nursery. Apart from the priority classes given above, and who by and large take up all the available space in the Nursery, the main reasons given by the mothers wishing to place their babies in the Nursery are that extra money is required in the home to meet the increased rents payable when they are re-housed in Council property.

No. of approved places for children 0-2 years	...	...	15
No. of approved places for children 2-5 years	...	...	25
No. of children on register at 31st December, 0-2 years			15
No. of children on register at 31st December, 2-5 years			25
No. of attendances 0-2 years	...	...	2626
Average daily attendance 0-2 years	...	...	11
No. of attendances 2-5 years	...	...	5168
Average daily attendance 2-5 years	...	...	22
No. of days nursery open	...	...	248

CONVALESCENT HOME TREATMENT.

Under Section 28 of the National Health Service Act, 1946, the County Council is empowered to provide convalescent home treatment. General Practitioners recommend those who are in need of this service and during the year 8 Spenborough residents were admitted to the following Homes :—

Hunstanton Convalescent Home	...	...	4
Grange-over-Sands	...	...	1
Seabright House, St. Annes	...	...	1
Rockfield Convalescent Home, St. Annes	...	...	1
Mother's Rest, Abergale	...	...	1

SCHOOL HEALTH SERVICE.

School medical inspections were carried out by the School Medical Officers on every child admitted to school for the first time, on each child leaving Primary School, and on each child leaving Secondary or Grammar School, in accordance with the recommendations of the Ministry of Education. In a year when extraneous matters have made recruitment of medical staff difficult in most areas, we have been most fortunate in retaining our full staff and this has enabled a very full programme of school medical work to be carried out. The value of the routine school medical inspections depends, not only on the detection of defects, numerous though these still are, but also on the advice which is given by the doctors to the parents who also attend with the children at the inspections. The table relating to special examinations gives some idea of the amount of work which is necessary in connection with handicapped children and shows too that provision for the treatment and care of these children is increasing. It lightens the burden of the work considerably to know that there is now some prospect of one's recommendations for special schooling being implemented although there is, of course, still great need for more special schools, particularly those for educationally subnormal children.

The other tables dealing with the School Medical Service reveal the scope of the remedial and preventive clinics now operating in Spenborough. I believe they will be found to bear comparison with most other areas anywhere in the country in their range of activity and there can be little doubt that they are playing their part in the ever improving physical, and possibly mental, standards of the community.

Towards the end of the year 1951, thanks to the co-operation of the Department of Child Health of the University of Leeds, arrangements were made for a member of the Department to act in a consultant capacity within the Division on any aspect of child health. At the present moment Dr. Buchanan conducts a special clinic at Elm Bank each fortnight and gives advice on special problems connected with any children referred to him through the Medical Officers engaged in the preventive medical services. Most of these cases have, so far, been children of school age and many of them have been referred directly through me by general practitioners of the area. A special point as been made of the difficult problem of enuresis although a wide variety of cases have been presented for discussion and advice as will be seen from the table in the body of the Report.

Special mention should also be made of the commencement of the Child Guidance Clinic in Mirfield during the year. Under the experienced charge of Dr. Mary MacTaggart, the County Psychologist, much valuable work can be done in overcoming the psychological upsets and maladjustments which parents and teachers may not be able to remedy.

The school nurses have also undertaken health lecturing to senior girls at the South Parade Secondary Modern School during the year and this is a project which I view with great interest and with considerable hope for the future. I am most pleased with the help and co-operation of the Headmaster of the school and of his staff and with the help consistently given to the nurses.

Total number of children examined at Routine Medical Inspections.

Entrants	...	...	...	...	...	...	...	676
Intermediates	...	...	...	...	...	...	...	407
Leavers	...	...	...	...	...	...	...	269
							Total	1352

Total number of children who have been re-examined for follow-up defects	241
--	-----	-----	-----	-----	-----	-----	-----

Standards of physical development classified into age groups :—

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	268	407	1
Intermediates	141	265	1
Leavers	128	140	1
Totals	537	812	3

Percentages.

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	39.7	60.2	0.1
Intermediates	34.7	65.1	0.2
Leavers	47.6	52.0	0.4
Totals	39.7	60.1	0.2

During the year 205 free issues of dietary supplements in the form of iron tonics were made to school children where recommended by the School Medical Officer.

The following table shows the number and type of defects discovered at the Routine School Medical Inspection classified according to age groups :—

Defects Table.

Defects	Recommended for Treatment			Recommended for Observation			Totals
	Entrants	Inter-mediate-s	Leavers	Entrants	Inter-mediate-s	Leavers	
Skin	33	3	7	3	—	—	46
Ears :							
(a) Hearing ...	—	—	1	2	1	—	4
(b) Otitis Media	7	—	1	8	—	—	16
(c) Other ...	3	2	1	—	—	1	7
Nose and Throat	26	3	1	77	4	1	112
Speech	6	2	3	5	—	—	16
Cervical Glands ...	12	1	1	49	7	—	70
Heart and Circulation ...	1	1	3	5	4	3	17
Lungs	5	—	1	7	4	2	19
Developmental :							
(a) Hernia ...	—	—	—	1	—	—	1
(b) Other ...	2	—	—	23	2	—	27
Orthopaedic :							
(a) Posture ...	—	1	—	5	1	—	7
(b) Flat foot ...	11	1	1	5	—	—	18
(c) Other ...	33	2	1	18	1	1	56
Other Defects ...	12	24	24	5	14	6	85
Nervous System :							
(a) Epilepsy	—	—	—	1	—	—	1
(b) Other	2	—	—	3	2	—	7
Psychological							
(a) Development	—	—	—	4	—	—	4
(b) Stability	—	—	—	3	1	—	4
Totals ...	153	40	45	224	41	14	517

SPECIAL EXAMINATIONS.

In accordance with the requirements of the Education Act, 1944, a number of children have been referred by the Education Authority which has necessitated the arrangement of special examinations.

During the year 59 children were examined involving 85 examinations altogether. The following recommendations for special education were made :—

Education in a Hostel for Maladjusted Pupils	...	...	3
,, School for Physically Handicapped	...	...	1
,, Open Air School	...	...	1
,, School for Educationally Subnormal Pupils	...	...	7
,, by Home Tutor	...	...	1
To attend Child Guidance Clinic	...	...	4
Reported to Local Authority for the purposes of the Mental Deficiency Acts	...	...	4

During the year the following admissions to special schools were made :—

Open Air School	...	...	...	...	...	...	3
School for Educationally Sub-normal Pupils	...	...	...	...	...	...	4
School for Physically Handicapped	...	...	...	...	...	...	3
Hostel for Maladjusted Children	...	...	...	...	...	...	1
Home Tuition	...	...	...	...	...	...	1

During the year the following discharges from special schools were made :—

Open Air School	...	...	...	...	...	...	1
School for Partially Deaf	...	...	...	...	...	...	1
School for Educationally Subnormal Pupils	...	...	...	...	...	...	1

DENTAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN.

I am indebted to Mr. H. Taylor, the Dental Officer at Elm Bank, for supplying me with the following figures relating to dental inspection and treatment in the schools of Spenborough during the year. This appears to be a gratifying record of work done.

In view of the disintegration of the preventive dental services throughout the country, Spenborough has indeed been fortunate that it has never been without a School Dental Officer. One realises this acutely during medical examinations in this area and in others where routine dental inspection and treatment is not available.

Routine Inspections	...	...	...	4298
Offered treatment	...	...	...	1945
Re-inspections	...	...	...	598
Offered treatment	...	...	...	265
Non-routine inspections	...	...	...	70
Offered treatment	...	...	...	70
Half-days spent carrying out inspections				25
Half-days spent carrying out treatment	...			451
Children treated	...	...	...	2007
Attendances	...	...	...	3236

Anaesthetics.

Local	...	...	...	...	802
General	...	...	...	...	464

Extractions.

Temporary teeth	...	...	...	2280
Permanent teeth :				
Septic	...	...	...	195
For Orthodontia	...	...	...	123

Fillings.

Temporary teeth...	...	...	...	221
Permanent teeth...	...	...	...	2034
Temporary other treatment	...	...	...	31
Root fillings	...	...	...	4
Scaling and gum treatment	...	...	...	100
Crowns, inlays, etc.	...	...	...	14
Dentures ...	...	...	...	3

Orthodontic Cases.

No. of patients	...	...	...	75
No. of attendances	...	...	...	451

EYES.

The eyes of all children attending school are tested at school by the school nurses each year, and those whose vision is worse than 6/9 Snellin in one eye are referred for further examination by the Ophthalmologist who attends our clinics weekly at the Elm Bank and Valley Road Centres. This ensures the quick treatment of defective vision and no doubt has its preventive aspect also in the preservation of good eyesight. During this year there has been no substantial delay in the provision of spectacles.

The following statistics give details of the cases examined :—

Number of children examined for the first time	...	...	203
Number of re-examinations	...	...	789
Total number of attendances	...	...	993
Number of sessions held during the year	...	...	81
Number for whom spectacles were prescribed	...	...	292
Number referred for other treatment	...	...	104

MINOR AILMENTS

Minor ailments are treated by the nurses both at the clinics and in the schools. The following table gives details of such treatments during 1952 :—

Minor Ailment	No. treated
Skin :	
Ringworm—body	1
Scabies	—
Impetigo	53
Other skin diseases	103
Eye Disease :	
(External and other, but excluding squint, errors of refraction and cases admitted to hospital).	67
Ear Defects :	
Otitis media	3
Otorrhoea	10
Other	6
Miscellaneous	1,831
(e.g., minor injuries, bruises, sores, chilblains, etc.)	
Total	2,074
Total number of attendances at Authority's Minor Ailment Clinics	2,205

ULTRA VIOLET LIGHT CLINIC.

The Ultra Violet Light Clinic at Elm Bank continued throughout the year. Cases attended twice weekly for an initial period of six weeks, after which they were re-examined by the doctor and the necessity for a continuation of treatment decided. The following table gives details of attendances and the types of cases treated.

No. of sessions held weekly	...	...	...	2
No. of cases treated	...	...	...	154
No. of treatments	...	...	...	1530
Average number of attendances per session	...		17	
Average length of course of treatment	...	...		6 weeks
No. on register at end of year	...	...	...	10
Details of cases treated :				
Debility following Whooping Cough	...	...	...	17
Anaemia and general debility	...	...	...	31

Chest complaints :	(a) Bronchitis	...	...	20
	(b) Bronchiectasis	...	...	1
	(c) Asthma	...	...	9
	(d) Frequent catarrhal colds			30
Chronic Catarrh	...	...	...	3
Enlarged cervical glands	...	...	...	10
Orthopaedic :	(a) Knock Knee	...	...	1
	(b) Poor Muscular development	...		14
Otorrhoea	...	...	...	4
Skin diseases :	(a) Infantile eczema	...	...	1
	(b) Chilblains	...	...	4
Psoriasis	...	...	...	1
Re-current Tonsillitis	...	...	...	7
Pink's Disease	...	...	...	1
				154
				=====

SPEECH THERAPY.

Arrangements were made for the Speech Therapist to spend part of her time in the Spenborough area of the Division and she now holds two half-day sessions at the Valley Road Clinic, Liversedge. The waiting list of children requiring the services of a Speech Therapist was very largely cleared off during the year, and only seven cases remained on the waiting list at the end of December.

Cases are referred mainly from the School Medical Inspections and by the Headteachers of schools. This is valuable work in the extreme to the individual patients and one has only to study the all-round improvement which speech therapy brings, particularly psychologically, to those afflicted with defective speech, to realise its value.

			Speech	
			Stammers	Defects
Number of cases admitted for treatment during the year	...	...	7	32
Number of cases discharged during the year :				
(a) Speech normal	...	...	1	3
(b) Unsuitable for treatment	...	...	—	—
(c) Left School	...	...	—	2
(d) By reason of non-attendance	...	...	1	3
Number of cases awaiting treatment	...	7		
Number of visits made to Schools	...	3		
Number of home visits	...	1		
Number on register at 31st December, 1952	...	5		24

CONSULTANT PAEDIATRIC CLINIC.

Dr. M. F. G. Buchanan of the Department of Child Health, Leeds University, attended Elm Bank in a consultant capacity and during the year twenty-three sessions were held. Cases were referred to him both from the Assistant County Medical Officers and from general practitioners in the area.

I give below details of attendances and the types of cases seen :—

No. of sessions held during the year	...	...	...	23
No. of individual patients seen :				
(a) Pre-school children	...	...	...	4
(b) School children	...	...	...	66
Total number of attendances	...	...	...	106
No. of children admitted to hospital	...	...	...	14
Types of case seen :				
(a) Enuresis	...	...	...	36
(b) Obesity	...	...	...	7
(c) Heart Defects	...	...	...	5
(d) Epilepsy	...	...	...	2
(e) Spina bifida	...	...	...	1
(f) Cerebral palsy	...	...	...	1
(g) Athetoid spastic	...	...	...	1
(h) Chest defect	...	...	...	3
(i) Miscellaneous	...	...	...	14
Total				70
= = =				

PHYSIOTHERAPY.

The Physiotherapist continued to attend Elm Bank Clinic for two half-day sessions a week, but owing to illness of the physiotherapist during the year only 36 half-day sessions were held. The following table shows details of attendance and type and number of defects referred :—

No. of children on register 1st January, 1952	...	...	29
No. of children referred for treatment	...	...	24
Total number of attendances	...	...	236
Total number of treatments	...	...	242
No. of children discharged	...	...	37
No. of children on register 31st December, 1952	...	...	16

Defect.	Number.			
Asthma	4
Bronchitis	4
Chest excercises	2
Posture	19
Flat feet	10
Knock knee	—
Walking excercises	—
Breathing excercises	14
	—			
	53
	= = =			

CHILD GUIDANCE CLINIC.

During the year the County Council obtained the services of a full-time Psychologist, Dr. M. M. MacTaggart, and she commenced holding a Clinic at Ings Grove, Mirfield in September. Children attending this clinic come, not only from Mirfield and Spenborough, but also from neighbouring divisions. Children who had been attending other Child Guidance Clinics and for whom it was convenient to attend the Ings Grove Clinic were gradually transferred to this Clinic. The figures given below relate, however, only to children from Spenborough and Mirfield.

		Boys	Girls	Total
1.	No. of new cases seen during year ...	1	7	8
2.	No. of cases continuing attendance from previous year ...	2	2	4
3.	Total number of cases seen during year ...	3	9	12
4.	Total number of attendances made during the year for—			
	(a) individual interview ...	4	14	18
	(b) group therapy ...	21	51	72
5.	No. of cases recommended for residential treatment in—			
	(a) Hostel for Maladjusted Children ...	1	1	2
	(b) E.S.N. Special School ...	—	—	—
	(c) Other ...	—	—	—
6.	No. of cases referred for psychiatric opinion—			
	(a) child ...	—	—	—
	(b) parent ...	—	1	1
7.	No. of cases examined at the particular request of the Magistrates ...	—	—	—
8.	Types of problem for which cases were referred to Child Guidance Clinic—			
	(a) Behaviour ...	3	5	8
	(b) Delinquency ...	—	1	1
	(c) Nervous problems ...	—	2	2
	(d) Enuresis ...	—	1	1

CHIROPODY.

The chiropodist continued to hold two half-day sessions a week at Elm Bank Clinic and during the year 99 half-day sessions were held, at which 488 individual patients were treated. These patients received a total of 1,202 treatments. The following table gives the types and numbers of treatments given :—

Defects	Number	Defects	Number
Hallux Valgus	... 43	Chilblains	... 40
Hallux Rigidus	... 10	Hyperidrosis	... 17
Hammer Toes	... 38	Underlying/Overlapping	
Pes Cavus	... 18	Toes	... 58
Corns and Callus	... 70	Verrucae Pedis	... 60
Nail Conditions	... 32	Tinea Pedis	... 18
Weak Foot	... 25		

ORTHOPAEDIC CLINIC

During the year children requiring the advice of an Orthopaedic Surgeon were referred either to the Out-Patient Department at Staincliffe Hospital or to the Ellison Clinic. Details of cases attending during the year are as follows :—

New cases referred during the year	...	...	...	28
Number attending for re-examination	...	...	...	35
Total attendances	...	...	...	82
Number receiving treatment	...	...	...	50
Number of appliances recommended	...	...	...	1
Number of appliances received	...	...	...	1

CLEANLINESS INSPECTIONS.

Three routine cleanliness inspections were carried out at each school by the school nurses and a total of 11,857 inspections and re-inspections were carried out. 552 individual children were reported to be unsatisfactory on 829 occasions, but it should be pointed out that in the majority of cases the degree of infestation is extremely light. No cleansing notices or orders under Sections 54(2) and 54(3) of the Education Act, 1944 were issued.

The section of the work which follows, relating to the Sanitary Circumstances of the area and the work of the Sanitary Inspectors, has been compiled by Mr. J. F. TEMPLEMAN, Chief Sanitary Inspector.

FACTORIES ACT, 1937.

Factories (Mechanical and Non-Mechanical)

There are 367 factories in the area. Of these 268 are factories with mechanical power and 99 without. 51 inspections and revisits were made to these premises and the following improvements were carried out :—

Improvements.

Artificial light provided to conveniences ...	...	...	1
Dirty conveniences cleansed ...	...	...	4
Provision of and Repairs to W.C. seats, doors and floors ...			6
Fastenings provided to doors of W.C. compartments ...			17
Lack of intervening ventilated space to W.C. compartments ...	...	...	3
Provision of W.C. ...	...	...	1

Outworkers.

6 persons in the district were notified to the Department during the year. Of these 3 were engaged in making apparel for firms outside the area, and 3 were engaged in manufacture of endless bands for a local firm.

INSPECTION AND SUPERVISION OF FOOD.

A. SALE OF MILK.

1. The Milk and Dairies Regulations, 1949.

Distributors of Milk residing in the area ...	...	...	60
Distributors of Milk residing outside the area ...	...	...	16

(a) The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Dealers' Licences to sell Pasteurised Milk ...	...	...	21
Supplementary Licences to sell Pasteurised Milk ...			12
Dealers' Licences to sell Sterilised Milk ...	...	...	51
Supplementary Licences to sell Sterilised Milk ...	...		2

(b) The Milk (Special Designation) (Raw Milk) Regulations, 1949.

Dealers' Licences to sell Accredited Milk ...	...	...	1
Dealers' Licences to sell Tuberculin Tested Milk ...			21
Supplementary Licences to sell Tuberculin Tested Milk	...		10

2. The Milk and Dairies Regulations, 1949.

Details of work carried out :—

Cleansing of Churns	...	...	...	...	...	1
Name on Wagons	...	...	...	...	...	3
Protection of Milk from Contamination	...	...	...	...	...	3
						—
						7
						—

3. Milk Sampling.

The following tables show the number and results of samples taken by the Department :—

		Satisfactory	Unsatisfactory	Total
Accredited	...	...	8	4
Pasteurised	...	...	20	5
Tuberculin Tested	...	...	44	2
Tuberculin Tested (Pasteurised)	...	...	38	1
Raw Milk	...	...	77	26
		—	—	—
		187	38	225
		—	—	—

4. Examination for *Bacillus Tuberculosis*.

During the year 73 samples of milk were submitted by the Department for examination for tuberculosis. Of these 63 were negative and 10 were positive.

During the year the sale of milk from 4 farms was stopped under Article 20, Milk and Dairies Regulations 1949.

B. MEAT INSPECTION.

The following table shows the number of animals slaughtered at the Public Abattoir, Liversedge. One Inspector is employed full-time at the Abattoir to ensure 100% inspection :—

Month	Beasts	Sheep	Pigs	Calves	Goats	Total
January	...	319	890	118	150	—
February	...	228	1173	116	3	—
March	...	238	1114	223	24	—
April	...	369	1121	368	4	—
May	...	247	765	430	2	—
June	...	139	938	231	7	—
July	...	489	899	315	4	—
August	...	690	1815	129	157	—
September	...	853	2063	52	205	—
October	...	706	3738	157	205	—
November	...	353	2079	110	89	2
December	...	298	951	331	162	4
	4929	17546	2580	1012	6	26067

Carcases Inspected and Condemned.

	Cattle	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4158	771	1012	17546	2580
Number inspected	4158	771	1012	17546	2580
All diseases except T.B.					
Whole carcases condemned ...	—	2	—	—	—
Carcases of which some part or organ was condemned ...	1199	549	18	1416	238
Percentage of the number inspected affected with diseases other than T.B.	28.8%	71.2%	1.8%	8.1%	9.2%
Tuberculosis only.					
Whole carcases condemned ...	1	21	1	—	—
Carcases of which some part or organ was condemned ...	262	253	—	83	—
Percentage of the number inspected affected with Tuberculosis	6.3%	35.5%	0.1%	—	3.2%

23 whole cow carcases were condemned as against 42 in 1951. The percentage for Tuberculosis in Cows fell by 10.2%.

Total weight of meat condemned during the year was :—

	Tons	cwts.	qrs.	lbs.
Tuberculosis	21	10	2	5
Other diseases	17	7	3	8½
	38	18	1	13½

The four beast hoists have now been fitted with electric motors and gears. Two electric saws have also been provided. These improvements have led to a quicker throughput. A new gut room and loading bay were provided during the year.

Slaughter of Animals Act, 1933.

Two new licence was granted during the year making a total of 25 granted for the purpose of slaughtering or stunning animals in a slaughterhouse or knackers yard.

C. INSPECTION OF OTHER FOODS.

(a) The following unsound food was inspected and condemned during the year :—

				lbs.
Canned Tomatoes	...	...	...	$104\frac{1}{2}$
Canned Tomato Paste	...	...	...	45
Canned Meats	...	...	...	$262\frac{1}{4}$
Canned Ham	...	...	...	$307\frac{1}{2}$
Canned Fish	...	...	...	$61\frac{1}{4}$
Canned Salmon	...	...	...	$7\frac{1}{2}$
Canned Pork	...	...	...	15
Canned Sausages	...	...	...	$18\frac{1}{2}$
Canned Rabbit	...	...	...	102
Canned Chicken	...	...	...	$22\frac{1}{2}$
Canned Spaghetti & Sausage	...	...	...	3
Canned Shaghetti	...	...	...	$2\frac{1}{2}$
Canned Beans	...	...	...	$146\frac{1}{2}$
Canned Peas	...	...	...	177
Canned Vegetables	...	...	...	$89\frac{1}{2}$
Canned Fruit	...	...	...	$1876\frac{3}{4}$
Canned Milk	...	...	...	$303\frac{1}{2}$
Canned Soup	...	...	...	33
Sandwich Paste	...	...	...	$1\frac{1}{2}$
Dried Mincemeat	...	...	...	112
Sage & Onion Stuffing	...	...	...	$31\frac{1}{2}$
Brawn	...	...	...	$62\frac{1}{2}$
Prunes	...	...	...	2
Bacon	...	...	...	$22\frac{1}{2}$
Cheese	...	...	...	$86\frac{1}{2}$
Pigs Heads	...	...	...	84
Oats	...	...	...	8
Synthetic Cream	...	...	...	7
Butter	...	...	...	$\frac{3}{4}$
Chocolate	...	...	...	$2\frac{3}{4}$
Eggs	...	...	...	134
				<hr/> $4132\frac{1}{2}$ <hr/>

1 Ton 16 Cwt. 3 Qrs. $16\frac{1}{2}$ lbs.

(b) 35 samples of ice cream were submitted for bacteriological examination. These were graded as follows :—

Grade 1	27	Satisfactory
Grade 2	3	Satisfactory
Grade 3	3	Doubtful
Grade 4	2	Unsatisfactory

No difficulties were encountered during the year. The sample results are satisfactory.

D. INSPECTION OF FOOD PREMISES.

The following table shows the number of food preparing premises registered in the area :—

Bakehouses	...	...	...	...	...	...	18
Fish Frying	...	...	...	...	...	...	52
Ice Cream Manufacturing	...	...	...	...	...	...	6
For the Sale of Ice Cream	...	...	...	...	...	...	84
Premises used for the preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale	...	...	...	...	...	...	31

4 premises were registered for the sale of pre-wrapped ice cream during the year.

During the year 1,537 visits were made to premises where food is prepared for sale or sold. Informal notices were served for the following defects. These were complied with :—

Cleansing of premises	...	...	...	...	...	...	3
Provision of new ceilings	...	...	...	...	...	...	5
Provision of means of washing facilities	...	...	...	...	...	...	3
Cleansing of preparation room	...	...	...	...	...	...	1
Infringements of food byelaws	...	...	...	...	...	...	23
Defective floor	...	...	...	...	...	...	1
Provision of preparation table	...	...	...	...	...	...	1
Defective walls	...	...	...	...	...	...	2
							—
							39
							—

It can be said that steady progress was maintained during the year. Constant inspection by the staff with expert advice freely given on all aspects of hygienic food handling will prove in the long run to be the best safeguard for the public.

The public can also help in securing an improvement in catering hygiene by insisting on a higher standard. By returning badly chipped crockery, and crockery and glasses stained with lipstick or obviously unclean, each of us is making a personal contribution in securing an improvement.

E. WATER SUPPLY.

The water supply in the area is satisfactory both in quantity and quality.

Number of dwelling houses supplied direct from main	...	12793
Number of population supplied direct from public water mains	...	36856
Number of dwelling houses supplied from public water mains by means of stand pipes	...	Nil
Number of population supplied from water mains by means of stand pipes	...	Nil

Sampling.

Bacteriological.			Chemical		
Satisfactory	Unsatisfactory	Total	Satisfactory	Unsatisfactory	Total
20	1	21	5	0	5

It is interesting to note that of 12,793 houses in the district only 2 are not supplied direct from public water mains.

2 Bacteriological samples were taken from the Public Swimming Baths and both were found to be satisfactory.

SANITARY INSPECTION OF DISTRICT.

T.B. Samples	...	...	...	...	...	23
Dairies	...	...	...	...	...	15
Milk Distributors	...	...	...	...	...	34
Milk Sampling	...	...	...	...	...	235
T.B. Order	...	...	...	...	...	4
Diseases of Animal Act	...	...	...	...	...	4
Water Sampling	...	...	...	...	...	23
Water Supply	...	...	...	...	...	176
Ice Cream Vendors	...	...	...	...	...	7
Ice Cream Shops	...	...	...	...	...	12
Ice Cream Sampling	...	...	...	...	...	35
Ice Cream Manufacturers	...	...	...	...	...	26
Bakehouses	...	...	...	...	...	77
Fish Friers	...	...	...	...	...	103
Food Preparing Premises	...	...	...	...	...	90
Canteens	...	...	...	...	...	17
Cafes and Restaurants	...	...	...	...	...	41
Butchers Shops	...	...	...	...	...	131
Food Shops	...	...	...	...	...	150
Food Handling Byelaws	...	...	...	...	...	98
Public Abattoir	...	...	...	...	...	330
Transport and Handling of Meat	...	...	...	...	...	13
Food Inspection	...	...	...	...	...	111
Food Samples	...	...	...	...	...	92
Food Poisoning Enquiries	...	...	...	...	...	90
Hawkers of Food	...	...	...	...	...	10
Public Houses	...	...	...	...	...	20
Housing Act	...	...	...	...	...	331
Housing Act Re-inspections	...	...	...	...	...	266
Overcrowding and points priority	...	...	...	...	...	29
Slum Clearance Survey	...	...	...	...	...	432
Public Health Act	...	...	...	...	...	1349
Public Health Act re-inspections	...	...	...	...	...	687
Shops Act	...	...	...	...	...	63

Rag Flock Act	...	...	...	...	...	...	...	4
Prevention of damage by Pests Act	...	...	...	...	...	...	...	257
Pets Act	...	...	...	...	...	...	...	10
Hydrogen Cyanide Fumigation Regulations	...	...	...	...	...	...	...	3
Infectious Disease	...	...	...	...	...	...	...	123
Verminous and Unclean premises	...	...	...	...	...	...	...	218
Tents, Vans and Sheds	...	...	...	...	...	...	...	35
Drainage	...	...	...	...	...	...	...	350
Privy Midden Conversions	...	...	...	...	...	...	...	216
Atmospheric Pollution	...	...	...	...	...	...	...	367
Smoke Observations	...	...	...	...	...	...	...	38
Refuse Collection and Salvage	...	...	...	...	...	...	...	193
Controlled Tips	...	...	...	...	...	...	...	124
Factories	...	...	...	...	...	...	...	51
Outworkers	...	...	...	...	...	...	...	4
Fairground	...	...	...	...	...	...	...	14
Public Conveniences	...	...	...	...	...	...	...	113
Market	...	...	...	...	...	...	...	60
Offensive Trades	...	...	...	...	...	...	...	20
Offensive Accumulations	...	...	...	...	...	...	...	11
Air Raid Shelters	...	...	...	...	...	...	...	13
Noise Nuisance	...	...	...	...	...	...	...	9
Hairdressers	...	...	...	...	...	...	...	27
Schools	...	...	...	...	...	...	...	7
Interviews	...	...	...	...	...	...	...	852
Complaints	...	...	...	...	...	...	...	353
Miscellaneous	...	...	...	...	...	...	...	642
								9208
								=====

SUMMARY OF DEFECTS REMEDIED DURING 1952.

HOUSING ACT, 1936 and PUBLIC HEALTH ACT, 1936.

Pointing of walls	...	...	...	...	...	...	...	40
Roofs	...	...	...	...	...	...	...	73
Chimney Stacks	...	...	...	...	...	...	...	10
Ranges, Flues and Fireplaces	...	...	...	...	...	...	...	34
Rainwater pipes and gutters repaired	...	...	...	...	...	...	...	96
Doors and windows	...	...	...	...	...	...	...	100
Defective wall plaster	...	...	...	...	...	...	...	47
Ceilings	...	...	...	...	...	...	...	12
Floors and stairs	...	...	...	...	...	...	...	10
Sinks and wastepipes	...	...	...	...	...	...	...	29
Water supplies improved	...	...	...	...	...	...	...	18
W.C. apparatus repaired	...	...	...	...	...	...	...	50
Drains cleansed and repaired	...	...	...	...	...	...	...	33
Cleansing of premises	...	...	...	...	...	...	...	3

Accumulation of refuse	...	...	...	...	...	10
New dustbins provided	...	...	...	...	...	161
Cleanse W.C.	...	...	...	...	...	7
Keeping of animals	...	...	...	...	...	6
Damp wall	...	...	...	...	...	14
Provision of airgrates	...	...	...	...	...	18
Dangerous wall	...	...	...	...	...	1
Repair of paving	...	...	...	...	...	2
Repair to Privies	...	...	...	...	...	6
Burning of noxious matter	...	...	...	...	...	1
Abatement of nuisances	...	...	...	...	...	2
						783

HOUSING.

Number of New Houses erected during the year.

(a) Total, including numbers given separately under (b)	...	90
1. By the Local Authority	I. Permanent	...
	II. Temporary	...
2. By other Local Authorities	...	Nil
3. By other bodies or persons	...	26
(b) With State assistance under the Housing Acts :		
1. By the Local Authority	...	64
2. By other bodies or persons	...	Nil

1. Inspection of Dwellinghouses during the year.

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	...	773
(b) Number of inspections made for the purpose	...	1708
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were included and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	Nil
(b) Number of inspections made for the purpose	...	Nil
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	432
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	241

2. Remedy of Defects during the year without Service of Formal Notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers	...	231
--	-----	-----

3. Action under Statutory Powers during the year.

(A) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	5
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By Owners	Nil
(b) By Local Authority in default of owners ...	5

(B) Proceedings under Public Health Acts.

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ...	30
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) by owners	21
(b) By Local Authority in default of owners ...	7

(C) Proceedings under Sections 11 and 13 of Housing Act, 1936.

(1) Number of dwellinghouses in respect of which Demolition Orders were made	Nil
(2) Number of houses demolished in pursuance of Demolition Orders	Nil

The Council also accepted an undertaking from an owner in 7 cases stating that they agreed not to re-let the house for human habitation.

(D) Proceedings under Section 12 of the Housing Act, 1936.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	Nil

4. Housing Act, 1936. Part IV. Overcrowding.

(a) (1) Number of dwellinghouses overcrowded at the end of the year	100
(2) Number of families living therein	133
(3) Number of families dwelling therein	477
(b) (1) Number of new cases of overcrowding reported during the year	41
(c) (1) Number of cases of overcrowding relieved during the year	26
(2) Number of persons concerned in such cases ...	97

The standard of housing in the district is such that it is urgently necessary to resume Slum Clearance activities immediately. Houses which should have been demolished before 1939 are still occupied and these people deserve as much consideration as those who are on the Council's housing list.

CONVERSION OF PRIVY MIDDENS.

During the year the Health Committee continued the scheme of grant aid to persons desiring to convert privy middens to water closets. The following table shows the grants sanctioned during the year :—

Applications granted	Total			No. of		
	Estimated Cost	Council's Grant	Privy Middens	No. of W.C's.		
22	1348 5 8	515 10 0	37	37		

The number of privies converted during the year was 37. Since the beginning of the scheme the figures are as follows :—

Applications granted	Total			No. of		
	Estimated Cost	Council's Grant	Privy Middens	No. of W.C's.		
131	8321 8 4	3179 17 10	235	241		

Up to the 31st December, the number of privies converted was 221.

REFUSE COLLECTION, REFUSE DISPOSAL AND SALVAGE.

A. Refuse Collection.

The collection service functioned well during the year and a good service was provided. Again there was no difficulty with regard to labour and this helped considerably in maintaining the service.

The Department was responsible for the collection of refuse from 13,657 premises consisting of 12,813 dwellinghouses and 844 other premises. In connection therewith it is estimated that at the 31st December, 1952 refuse was being removed from 13,357 dustbins, 249 middens, 26 cesspools and 58 pail closets.

B. Refuse Disposal.

(a) Destructor Works, Cleckheaton.

During the year the Committee gave further consideration to the future use of the above works. It was decided to discontinue the use of the works completely and this became effective on the 1st August. Baling of waste paper was transferred to Brookhouse Garage.

(b) Controlled Tips.

Disposal of refuse by controlled tipping continued at the Football Field, East Bierley and the Quarry, Hartshead. The Rodent operative regularly inspects both tips and carries out any poison baiting when necessary.

C. Salvage.

During the year the price of waste paper fell to £7 10s. 0d. per ton and sales were restricted to a quota of 4 tons per week from June. The income from salvage is set out below, in the costing return.

D. Public Cleansing Costing Return.

I give below a copy of the return sent to the Ministry of Housing and Local Government for the year 1952/53.

COST STATEMENT 1952/53.

Item	Particulars 1.	Collection 2.	Disposal 3.	Totals 4.
1.	REVENUE ACCOUNT Gross Expenditure : (i) Labour (ii) Transport (iii) Plant, equipment, land and buildings ... (iv) Other items (including £— paid to other local authorities.) ...	£ 9413 6623 369 —	£ 932 221 89 —	£ 10345 6844 458 —
	(v) Total gross expenditure	16405	1242	17647
2.	Gross Income (including £— received from other local authorities)	125	2148	2273
3.	Net Cost	16280	Cr. 906	15374
4.	Capital expenditure met from revenue (included above)			
5.	Unit Costs. Gross cost per ton, labour only	s. d. 17 5.00	s. d. 1 8.80	s. d. 19 1.80
6.	Gross cost per ton, transport only	12 3.13	4.91	12 8.04
7.	Net cost (all expenditure) per ton	30 1.64	Cr. 1 8.12	28 5.52
8.	Net cost per 1,000 population	£ 440	£ 24	£ 416
9.	Net cost per 1,000 premises ...	1194	Cr. 67	1127

Salvage and Trade Refuse. Analysis of income and tonnage.

Salvage :		Income (Included in Item 2)	Tonnage Collected
		£	Tons
(a) Kitchen Waste	...	...	—
(b) Scrap Metal	...	124	16
(c) Waste Paper	...	1917	232
(d) Other Salvage	...	44	5
Trade Refuse	...	188	208

VERMINOUS PREMISES.

During the year 2 Council Houses and 2 private houses were found to be infested with vermin. A total of 218 visits was made to verminous or unclean premises and to prospective Council House tenants.

RODENT CONTROL.

During the year 307 premises were dealt with. The necessary poisoning treatments as laid down by the Ministry of Agriculture and Fisheries (Rodent Division) were carried out. 1,100 visits and re-inspections were made. The Rodent Operative is employed full-time.

The estimated income from re-chargeable work for the financial year ended 31st March, 1953 was £146.

Sewer Treatment.

A maintenance treatment against rats in the sewers was carried out in August and September, when 400 manholes were baited with sausage rusk and zinc phosphide. The method used was pre-baiting on consecutive days and poisoning on the third day. Of the 400 manholes pre-bait takes were recorded in 148. The remainder showed no pre-bait takes. Of the 148 takes 54 were complete pre-bait takes.

OFFENSIVE TRADES.

There are four offensive trades registered in the district.

One Tripe Boiler.

Two Soap Boilers.

One Fat Melter and Fat Extractor.

20 inspections were made and no nuisance found.

SMOKE ABATEMENT.

36 observations of 30 minutes' duration were taken during the year. Of these 6 were unsatisfactory.

Contraventions over permitted three minutes black smoke in 30 mins.

Up to 1 min. 1 to 2 mins. 2 to 3 mins. 3 to 4 mins. 4 to 5 mins.

3	1	0	0	0
---	---	---	---	---

More than 5 mins.

2

The instruments for the measurement of atmospheric pollution throughout the area are sited as follows :—

Site.	Apparatus.
Marsh Depot, Rawfolds, Cleckheaton	1 Deposit Gauge and 1 Lead Peroxide instrument.
Elm Bank, Cleckheaton	... ... 1 Automatic Smoke Filter.
North Bierley Hospital, Cleckheaton	1 Deposit Gauge—1 Lead Peroxide instrument.
High Rising, Gomersal " "
Millbridge Upper School " "
Liversedge Tennis Club " "

The following table shows the deposit throughout the area for each month of the year :—

	Total solids per square mile in tons				
	North Bierley	High Rising	Millbridge School	Tennis Club	Marsh Depot
January ...	13.3	13.8	17.5	13.7	15.9
February ...	9.4	7.5	9.8	7.0	10.8
March ...	11.2	9.5	13.9	3.1	11.7
April ...	11.6	9.2	13.3	10.0	13.3
May ...	14.0	9.6	16.9	11.4	19.4
June ...	8.6	8.1	9.5	8.1	11.8
July ...	13.2	13.2	13.2	9.8	21.8
August ...	6.8	7.3	8.0	5.4	8.3
September ...	9.6	9.1	11.7	10.0	14.5
October ...	12.48	10.80	20.35	12.69	14.45
November ...	7.18	6.65	6.56	5.90	9.87
December ...	16.83	12.18	20.05	14.30	18.19
Average ...	10.91	9.49	13.03	9.10	13.75

SHOPS ACT.

No. of shops	...	...	...	...	...	...	...	450
Food Shops	...	...	...	...	...	...	...	303
Other Shops	...	...	...	...	...	...	...	147

63 inspections were made during the year and only minor contraventions were found. These were all complied with during the year.

PUBLIC CONVENIENCES.

From the 1st April, 1952, the Health Committee became responsible for the maintenance of the Public Conveniences in the area including those in the Parks.

Of the seventeen conveniences provided 15 consisted of closet accommodation and/or urinals and two were urinals only. One of the latter was closed during the year because of its unsatisfactory condition.

The total accommodation provided is as follows :—

Females.	Males.
29 water closets.	19 water closets and urinal accommodation.

One workman is engaged full-time in cleaning these conveniences. The buildings are in the main, modern structures designed specifically for the purpose. It is necessary however to draw attention to the appalling amount of wanton damage done to doors, windows, fittings and lighting fixtures by irresponsible members of the public. During the financial year ended 31st March, 1953, £206 was spent on repairs to public conveniences.

APPENDICES

- A. Vital Statistics of the Spenborough Urban District for 1943-1952.**
- B. Infantile and Maternal Mortality Rates and Stillbirth Rates of Spenborough for the past twenty years.**
- C. Notifications of Infectious Disease in Spenborough Urban District, 1929-1952.**
- D. Adoptive Acts in force in the District.
Bye-Laws in force in the District.**
- E. Clinic and Treatment Centres.**
- F. Staff of the Health Department.**

APPENDIX A.

VITAL STATISTICS OF THE SPENBOROUGH URBAN DISTRICT FOR 1943-52.

APPENDIX B.

INFANT AND MATERNAL MORTALITY RATES AND STILLBIRTH
RATES OF SPENBOROUGH FOR THE PAST TWENTY YEARS.

Year	Births	Infants		Mothers		Stillbirths	
		Deaths	Rate	Deaths	Rate	Number	Rate
1933	396	15	38	2	4.9	16	40.4
1934	338	16	47	Nil	—	19	53.2
1935	378	15	39	2	7.9	20	50.3
1936	374	26	70	Nil	—	28	69.6
1937	400	38	93	5	12.2	16	39.0
1938	462	30	66	Nil	—	20	40.0
1939	484	18	37	Nil	—	19	38.1
1940	495	20	40.4	5	9.6	25	48.1
1941	496	19	38.3	2	3.8	18	35.0
1942	503	27	53.7	Nil	—	15	28.9
1943	472	16	33.9	2	4.0	22	44.5
1944	585	28	47.9	Nil	—	11	18.4
1945	471	22	46.7	1	2.1	14	28.0
1946	646	35	54.2	Nil	—	15	22.7
1947	756	23	30.4	Nil	—	26	33.2
1948	646	27	40.5	1	1.5	19	28.6
1949	579	25	43.0	Nil	—	15	25.2
1950	543	14	25.8	1	1.78	20	35.5
1951	503	16	31.8	Nil	—	15	29.0
1952	551	15	27.2	Nil	—	9	16.1

NOTIFICATIONS OF INFECTIOUS DISEASE in Spennborough Urban District, 1929-1952.

Year	Smallpox	Poliomyelitis and Poliomencephalitis	Enteric Fever	Scarlet Fever	Diphtheria	Pneumonia	Cerebro-Spinal Fever	Erysipelas	Malaria	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Respiratory Tuberculosis	Other Tuberculosis	Measles	Whooping Cough	Other Diseases	Totals
1929	82																		477
1930	57																		518
1931																			302
1932																			621
1933																			335
1934																			317
1935																			340
1936																			259
1937																			341
1938																			563
1939																			256
1940																			1273
1941																			882
1942																			979
1943																			1438
1944																			1026
1945																			1050
1946																			686
1947																			879
1948																			985
1949																			595
1950																			938
1951																			1216
1952																			626

APENDIX D.

ADOPTIVE ACTS IN FORCE IN THE DISTRICT.

Statutes.	Date of coming into operation.
The Public Health Acts Amendment Act, 1907 (Sections 15, 16, 17, 18, 20, 21, 22, 28, 29, 30, 31, 32 and 33 and Part VI)	25th April 1912
The Public Health Acts Amendment Act, 1890 (Sections 34, 35, 37, 38, 39, 40, 42, 43, 44, 45 and 46)	1st April 1915
The Private Street Works Act 1892	1st April 1915
The Public Libraries Act 1892	1st April 1915
The Public Health Acts Amendment Act 1907 (Section 19)	22nd March 1921
The Public Health Act 1925 (Part II except Sections 15 and 20)	1st December 1926
The Public Health Acts Amendment Act 1907 (Section 95)	31st January 1927
The Public Health Acts Amendment Act 1907 (Section 86)	11th February 1952

BYELAWS IN FORCE IN THE DISTRICT.

Subject.	Date of Confirmation.
In operation within the whole of the Urban District :	
Building Byelaws	15th June 1939
Hackney Carriages	17th February 1948 (varied—7th Dec. 1951)
Handling, Wrapping and Delivery of Food	24th March 1950
The Prevention of Waste, Undue Consumption, Misuse or Contamination of Water	20th March 1952
In operation within the Urban District excluding Birkenshaw, Hunsworth, and parts of Hartshead and Clifton :	
New Streets	15th March 1927
Public Slaughter Houses	7th March 1927
Wireless Apparatus	15th May 1930
Smoke Abatement	26th November 1928

APPENDIX E.

CLINIC AND TREATMENT CENTRES.

Name.	Situation.	When Open.
Child Welfare Clinic	Valley Road, Littletown, Liversedge	Tuesdays 2—4 p.m.
Do.	Old Lane Methodist Sunday School, Birkenshaw	... Tuesdays 2—4 p.m.
Do.	Elm Bank, Cleckheaton	... Wednesdays 2—4 p.m.
Do.	Temperance Hall, Scholes, Cleckheaton	... 2nd Thursday in the month 2—4 p.m.
Do.	Methodist Sunday School, Roberttown, Liversedge	... 3rd Thursday in the month 2—4 p.m.
Do.	Public Hall, Gomersal	... Fridays (fortnightly) 2—4 p.m.
Combined Ante-Natal and Post-Natal Clinics	Valley Road, Littletown, Liversedge	Mondays 2—4 p.m.
Do.	Old Lane Methodist Sunday School, Birkenshaw	... Wednesday 2—4 p.m.
Do.	Elm Bank, Cleckheaton	... Thursday 2—4 p.m.
Ultra Violet Light Clinic	Valley Road, Littletown, Liversedge	Tuesdays 9.30 a.m.—12 noon
Do.	Valley Road, Littletown, Liversedge	Saturdays 9.30—11.30 a.m.
School Clinic	Elm Bank, Cleckheaton	Mondays 9.30 a.m.—11.30 a.m.
Paediatric Clinic	Elm Bank, Cleckheaton	Mondays (fortnightly) 9 a.m.—12 noon
Ophthalmic Clinic	Elm Bank, Cleckheaton	Tuesdays 1 p.m.—4 p.m.
Do.	Elm Bank, Cleckheaton	Mondays 1 p.m.—4 p.m.
Chiropody Clinic	Elm Bank, Cleckheaton	Thursdays 9 a.m.—12 noon
Do.	Valley Road, Littletown, Liversedge	Fridays 1.30—4 p.m.
Speech Therapy Clinic	Valley Road, Littletown, Liversedge	Thursdays 10 a.m.—12 noon and 1 p.m.—4 p.m.
Physiotherapy Clinic	Elm Bank, Cleckheaton	Fridays 9 a.m.—12 noon and 1 p.m.—4 p.m.
Dental Clinic	Elm Bank, Cleckheaton	2 p.m.—4 p.m.
Chest Clinic	Knowler Hill, Liversedge	Daily by appointment
Young Mothers' Club	Elm Bank, Cleckheaton	Fridays 10 a.m.—12 noon
Old People's Chiropody Clinic (Run by Spenborough Old People's Welfare Committee)	Elm Bank, Cleckheaton	... Wednesdays (fortnightly) 7.30 p.m.
Family Planning Clinic (Run by Spenborough and District Family Planning Association)	Valley Road, Littletown, Liversedge	Tuesday 1.30 p.m.—4 p.m.
		Mondays 6.30 p.m.

APPENDIX F

STAFF OF THE HEALTH DEPARTMENT

Medical Staff.

WILLIAM M. DOUGLAS, M.B., Ch.B., D.P.H.
Medical Officer of Health.
Divisional Medical Officer.

Sanitary Inspector's Staff.

J. F. TEMPLEMAN, A.M.Inst.P.C., M.S.I.A., Chief Sanitary Inspector, Cleansing Officer and Market Superintendent. Testamur of the Institute of Public Cleansing. Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods.

Additional Sanitary Inspectors.

G. M. GILMORE, A.R.San.I., M.S.I.A., Sanitary Inspector's Certificate of the Royal Sanitary Institute.

J. G. SCOTT, A.M.Inst.P.C., A.R.San.I., M.S.I.A., Testamur of the Institute of Public Cleansing, Certificate of the Royal Sanitary Institute and Sanitary Inspector's Joint Board. Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. (Left 30th November, 1952).

J. MURDOCH, M.S.I.A., Certificate of the Royal Sanitary Institute and Sanitary Inspector's Joint Board. Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Certificate of the Royal Sanitary Institute for Smoke Inspection.

C. J. MIDDLEBROOK, A.M.I.S.E., M.S.I.A., M.R.S.I., Final Examination of the Institution of Sanitary Engineers. Certificate of the Royal Sanitary Institute for Smoke Inspection. Certificate in Sanitary Science as applied to Buildings and Public Works. Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Certificate of the Royal Sanitary Institute and Sanitary Inspector's Joint Board. (Left 31st December, 1952).

H. LYCETT, Clerk, Sanitary Inspector's Section. (Left 15th November, 1952.)

Medical Staff.

ELEANOR M. WHITEHEAD, M.B., Ch.B., Assistant County Medical Officer.

NORMA M. WHALLEY, M.B., Ch.B., D.C.H., Assistant County Medical Officer.

Clerical Staff.

Mr. P. MARSHALL, D.P.A., Chief Clerk.
Miss J. M. BRADLEY (Commenced September, 1952).
Mr. H. R. COX.
Miss G. M. HARTLEY (Commenced January, 1952).
Miss M. POPPLEWELL.
Mrs. D. M. ROBINSON.
Mrs. V. THEWLIS.

Health Visitors (Part-time School Nurses).

Miss D. DAY, S.R.N., S.C.M., H.V. Cert. of R.S.I., Senior Health Visitor.
Mrs. D. PICKUP, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Mrs. M. RAYNER, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss M. HARTLEY, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss M. GREENHOUGH, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss L. WILLOUGHBY, D.N., S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss M. J. TRENBATH, S.R.N., S.C.M., H.V. Cert. of R.S.I.
(Commenced July, 1952).

Assistant Health Visitors (Temp. School and Clinic Nurses).

Mrs. G. MARSHALL, S.R.N.
Mrs. R. COATES, S.R.N.
Miss A. E. RIGBY, S.R.N.
Mrs. E. I. SMITH, S.R.N.

Midwives.

Miss E. J. POTTS, S.C.M.
Mrs. D. M. GOMERSALL, S.R.N., S.C.M.
Mrs. E. JOHNSON, S.C.M.
Miss L. M. THOMPSON, S.R.N., S.C.M.

District Nurse Midwives.

Miss M. LAYCOCK, S.R.N., S.C.M.
Miss B. D. SHARP, S.R.N., S.C.M.

District Nurses.

Miss F. E. GAMBLE, S.R.N., Queen's Nurse.
Miss F. METCALFE, S.R.N., C.M.B., Queen's Nurse.
Miss E. BIRD, S.R.N., S.C.M., Queen's Nurse.
Miss E. PHILLIPS, S.R.N., Queen's Nurse.
Mrs. E. SAYLES, S.R.N., S.C.M.

Dental Staff.

Mr. H. TAYLOR, L.D.S.,
Miss K. COLLETT, Dental Attendant.

Moorend Day Nursery.

Mrs. W. M. BROOKE, S.R.N., Matron.
Miss K. ARMITAGE, S.E.A.N., Deputy Matron.
Miss M. A. LAWTON, Warden.
Miss P. J. COOPER, Nursery Nurse.
Miss E. DRAKE, Nursery Nurse.
Miss J. SMAJE, Nursery Assistant.
Mrs. K. M. HOLMES, Nursery Assistant.
Miss J. SEANOR, Nursery Assistant.

Part-time Staff.

Dr. M. M. MACTAGGART, County Psychologist.
Mr. B. D. VAINES, M.Ch.S., Chiropodist.
Miss D. RENDER, M.C.S.P., Physiotherapist.
Mr. L. WITTELS, M.D. (Vienna), D.O., Consultant
Ophthalmologist.
Mrs. G. JONES, Home Teacher of Mental Defectives.
Mrs. M. M. DE LA COUR, Mental Health Social Worker.
Mrs. A. S. LEE, Speech Therapist.

